

# NHS Resolution – Board meeting (Part 1)

Wednesday 24<sup>th</sup> May 2023

10:00 – 15:00

Hybrid Meeting: Room 1.19, 1<sup>st</sup> Floor, 10SC / MS Teams

## Agenda

Item	Time	Description	Note Review Approval	Presenter	Page No. on Diligent
<b>1</b>	<b>10:00</b>	<b>Administrative Matters</b>			
1.1		Chair's opening remarks and apologies	Note	Chair	
1.2		Declaration of conflicts of interest of members	Note	Chair	
1.3		Minutes of Board Meeting held on 21 <sup>st</sup> March 2023	Approval	Chair	
1.4		Review of actions from Board meetings	Note	Chair	
<b>2</b>		<b>Operational Items</b>			
2.1	10:10	Chief Executive's report	Note	CEO	
2.2	10:20	Performance review	Discuss	SMT Leads	
2.3		Inquiries Update	Note	CEO	
<b>3</b>		<b>Management proposals requiring Board input or approval</b>			
		No items to consider			
<b>4</b>		<b>Liaison with key stakeholders</b>			
4.1	10.35	S&L and MSE reports	Note	DoMSE	
<b>5</b>		<b>Key Developments</b>			
5.1		No items to consider	Note	TCD	
<b>6</b>		<b>Oversight of key projects</b>			
6.1	10.45	Strategic activity update	Note	DDoPST	
<b>7</b>		<b>Board Committee Reports and Minutes</b>			
7.1	10.55	People Committee summary of meeting held on 4.5.23	Note	DoF	
7.2	11.00	People Committee Annual Report	Note	DoF	
<b>8</b>		<b>Other matters requiring Board approval</b>			



Resolution

8.1	11.05	Delegation of the review and approval of policies	Approval	DoF	
9	11.15	Any Other Business			

Key

	Note for information
	Presented to the Board for review, comment and agreement
	Presented to the Board for a decision where this is reserved to the Board or to provide approval

## Board meeting minutes (Part 1)

Tuesday 21<sup>st</sup> March 2023

10:00 – 15:00

Hybrid Meeting: MS Teams / Room 8.30

Present	
Sally Cheshire	Chair
Charlotte Moar	Non-Executive Director
Nigel Trout	Non-Executive Director
Janice Barber	Non-Executive Director
Lesley Regan	Non-Executive Director
Sam Everington	Non-Executive Director (Associate Board Member)
Mike Durkin	Non-Executive Director (Associate Board Member)
Helen Vernon	Chief Executive
Vicky Voller	Director of Advice and Appeals
Joanne Evans	Director of Finance & Corporate Planning
Denise Chaffer	Director of Safety & Learning
John Mead	Technical Claims Director (Associate Board Member)
In attendance	
Ian Adams	Director of Membership and Stakeholder Engagement
Simon Hammond	Director of Claims Management
Niamh McKenna	Chief Information Officer
Tinku Mitra	Deputy Director of Corporate & Information Governance
Caroline Latham-Parker	Associate Safety and Learning Lead, South (Observer)
Peter Allanson	Good Governance Institute (Observer)
Julia Wellard	Executive Personal Assistant (Minutes)

### 1 Administrative matters

#### 1.1 Chair's opening remarks and apologies

The Chair welcomed everyone to the meeting, including Peter Allanson (Good Governance Institute) who attended as an observer as part of the Board Effectiveness Review.

Apologies were received from Cheryl Lynch (DHSC Representative).

#### 1.2 Declaration of conflicts of interest of members

There were no conflicts of interest not previously noted.

### 1.3 Minutes of Board Meeting held on 18<sup>th</sup> January 2023

Subject to minor amendments, the minutes of the Board meeting held on Wednesday 18<sup>th</sup> January 2022 were approved for signature by the Chair.

### 1.4 Review of actions from Board meetings

Actions 22.10, 22.11 and 22.12 were removed from the action log.

Action 22.13, 23.01 and 23.03 were rolled forward.

Action 23.02 was closed at the meeting.

## 2 Operational items

### 2.1 Chief Executive's Report

#### *Statement of Excess – NHSR*

NHS Resolution's 2021/22 accounts included a prior period accounting adjustment of £2,457.1m arising from the identification of an issue during the audit process relating to optimism in the data used to calculate the known claims provision which resulted in an understatement of the effect of inflation and discounting. A PAC hearing on DHSC's 2021/22 annual report and accounts, which included the prior period adjustment in NHS Resolution's accounts, took place on 20th March 2023. The Chief Executive/Accounting Officer was not asked to attend as a witness for the hearing. The PAC hearing minute is available on the DHSC website.

#### *Investors in People Gold Award*

Following a detailed assessment, NHS Resolution has been awarded Investors in People Gold. All staff were thanked for their contribution to the achievement.

The Board noted the Chief Executive's Report.

### 2.2 Performance Review

The performance review detailing financial performance and key performance indicators for the period under review was presented. The data which support the measurement of our performance in relation to claims management are commercially sensitive and disclosure could adversely impact our ability to manage claims effectively. Consequently, whilst claims activity is reported in Part 1, claims KPIs are reported and monitored in the Part 2 private Board session.

The executive summary details the key points. Work continues on improving the performance reports and ensuring that they are better aligned with our strategic objectives. The next Board meeting will receive reports which commence reporting against the new KPIs within the 2023/24 business plan.

#### *Finance*

The reported financial position on DEL net expenditure at the end of January 2023 showed an overspend of £58.8m. This was followed up with a draft report as at the end of February which indicated that the CNST position was broadly back in line with the budget. DHSC had been kept closely informed of NHSR's careful management of

the financial position throughout the year and had recently made available additional DEL budget of £100m.

#### *Claims*

The volume of claims is increasing compared to the beginning of the year and is similar to 2018/19 numbers. CNSGP continues to grow as it matures and we will monitor any spikes and dips against the anticipated claims profile.

The Safety and Learning team have been progressing work on duty of candour and improvements to point of incident support.

#### *Practitioner Performance Advice (Advice)*

Activity to the end of February has increased. Pressures within the NHS have affected the ability to meet deadlines for clinical assessment reports in January and February. The pilot for both the Non-Executive Director training and Compassionate Conversations programme have been slightly delayed. However, one pilot for Compassionate Conversations has taken place before the end of the financial year.

#### *Primary Care Appeals (Appeals)*

Primary Care Appeals activity is 33% ahead of last year. The high profile and novel cases which are being dealt with in Appeals as a result of being in receipt of delegated powers to consider Covid pharmacy cases, are receiving scrutiny.

The Board noted the performance reports for the Finance, Claims, Practitioner Performance Advice, Safety and Learning, Early Notification and Primary Care Appeals functions.

### **3 Management proposals requiring Board input or approval**

- 3.1 There were no items to consider.

### **4 Liaison with Key Stakeholders**

#### **4.1 Liaison with key stakeholders**

The non-KPI related information on strategic stakeholder engagement activity co-ordinated by the Membership and Stakeholder Engagement (MSE) and Safety and Learning teams for the current reporting period was presented.

#### *Safety and Learning*

The report captures the ongoing work which is being taken forward by a relatively small team. The year end figures for engagement show that there have been 254 national engagements, 287 regional engagements, 228 trust visits, 8 independent and 11 visits to universities.

Contact with universities has gauged a lot of interest supported by NHS Resolution's academic partner. There is an opportunity to connect with undergraduates and we are supporting the National Patient Safety Syllabus with medical legal case stories and proposals for other resources. The curriculum for students is also an untapped route which could be progressed e.g. through a diploma. Work is being taken forward to launch our maternity modules through HEE's elearning for health. Given the current

NHSE/HEE merger this has been paused and we are working on an alternative mechanism. There will be further opportunities to bring together externally focussed work across the organisation now that the regionalised model is in place.

Work has started on a future engagement with the ten London Mental Health Trusts following the Learning from Suicides publication, including how we progress the recommendations into implementation. This also links to our Being Fair Part 2 publication which should be published this month and focuses on health and wellbeing, anti-bullying and civility which is connected with mental health detriment. Although mental health claims are not high in value, the cases are catastrophic for families and so it is important to continue to progress this work with trusts.

It was commented that there is an education and research deficit in the medical legal system in terms of expert witness training and the lawyers that work in this field and it was queried whether we could scope that deficit so that when we talk to stakeholders we can raise the issue.

The University of West London is looking at the issue of medical school training and a more modernised approach which could have an impact on safety. More medical school placements in future will hopefully focus on this type of training.

It was remarked that there are challenges getting onto the undergraduate curriculum which is owned by a relationship between the GMC and the medical schools. There is potentially more scope in postgraduate training in getting onto the prospectus and syllabus through specialty schools in a multi-professional or inter-professional way and this merits further exploration.

There is an opportunity in terms of research with the National Institute for Health and Care Research (NIHR). They had three patient safety translational research centres but the model has been changed to six research centres in Newcastle, Manchester, Yorkshire & Bradford, UCL, Birmingham and Imperial. They have the opportunity to engage with the frontline and take forward some real clinical services research. The relationship between the data sources and those teams is key and there is an opportunity for NHS Resolution because of the data we hold and how we can influence at postgraduate level through the research environment.

Reference was made to the global patient safety action plan. There was a ministerial summit in February which was attended by approximately 86 ministers and the heads of delegations in countries where a key focus was on education and training.

A RCGP roundtable discussion is being set up to look at team training exams and standards in primary care. The GMC have been considering relationships with ethnic minority doctors. It was suggested that we could set up a roundtable discussion for stakeholders to focus on education, what can be done and what can be offered to parts of the system, particularly around data which would encourage and incentivise people in the teaching training and research field. In addition to the specific point about medico-legal training, there could be more generic interventions in teaching doctors early in training about bedside manner, duty of candour and how to relate to patients.

It was noted that we have been invited to speak at the RCOG two day risk management event. There is an opportunity to be more productive around webinars and animations, an example being the maternity module which is interactive and immersive.

### *Membership and Stakeholder Engagement (MSE)*

The team are continuing to test new formats following the success of the duty of candour animation which has seen approximately 70,000 viewings and work is ongoing with the General Practice Indemnity (GPI) team on a similar animation for GPs.

The team have also been progressing work with the Safety and Learning team to publish a number of 'Did you know' leaflets.

Internal communications and work with HR and OD on health and wellbeing together with publications on Connect and staff initiatives on cost of living were also highlighted.

The Board noted the report.

## **5 Key Developments**

- 5.1 There were no items to consider.

## **6 Oversight of Key Projects**

### **6.1 Strategic activity update**

An update was provided on NHS Resolution's main strategic change programmes.

The Board noted the strategic activity update and the ratings on the programmes to date.

## **7 Board Committee Reports and Minutes**

### **7.1 People Committee minutes and report**

The Board noted the draft minutes from the People Committee meeting held on the 20th December 2022 and the summary report of the main discussion.

There is a lot of operational detail considered at the Committee as well as key strategic headlines around people, particularly the growth in headcount due to the two main change programmes where the committee will maintain focus and oversight.

The Committee are looking at how the HR/OD reports going forward will focus on the key strategic messages and provide assurance on the risks.

### **7.2 Audit and Risk Committee (ARC) minutes**

The Board noted the minutes from the ARC held on the 25th October 2022.

The key points from the meeting were:

- There was a private meeting of ARC members and the Chief Executive to discuss a confidential ER investigation, the lessons learned and the resulting action plan.

Board were assured that ARC will be following up the implementation of the actions.

- Known claims –a review was commissioned into the issues leading to a prior year adjustment. There is a comprehensive action plan and ARC will monitor progress.
- Risk reporting – ARC will continue to review the provision of assurance to the Board that we are identifying and mitigating the risks of delivering our strategy.
- Core systems programme assurance audit report – there are specialist auditors (TIAA) looking at assurance around the core systems programme and they attend ARC. There was particular assurance that any problems will be identified, escalated and addressed.

It was commented that assurance on the core systems programme is robust and that from the outset and throughout this had been a strong programme, responding to and addressing issues raised.

In terms of the single risk which remains outside risk appetite, the identification of information within our data which indicates a current or emerging patient safety risk, work is being taken forward and there are mitigation plans in place to address the risk, which will be made clearer in future ARC minutes.

### 7.3 **Audit and Risk Committee (ARC) Terms of Reference**

The ARC Terms of Reference (ToR's) are reviewed regularly to ensure they remain fit for purpose and reflect the role of ARC and its relationship with the Board. The recent review considered no changes were required save for ARC agreeing standard wording to the main role and duties section in relation to key estimates and judgements to the accounts which have been added.

The Board approved the ARC Terms of Reference.

## **8 Other matters requiring Board attention**

### 8.1 **Standing Orders (CG10)**

The Standing Orders (SO's) form part of the governance framework for NHS Resolution (NHSR) and include the Framework Agreement between the Department of Health and Social Care (DHSC) and NHSR, as well as the Standing Financial Instructions (SFI's), which were recently approved by the Board in September 2022. The SOs were last reviewed and approved by Board in March 2020. The recent review considered no major updates were required.

The Board approved the updated Standing Orders.

## **9 Any Other Business**

- 9.1 There was no other business to note.

## **10 Date and Venue for next meeting**



10.1 The next Board meeting is scheduled for Wednesday 24<sup>th</sup> May 2023 at 10.00am – details TBC

Signed .....

Date .....

**Board Actions – March 2023****Part 1**

Action Ref No.	Date of Board Meeting	Reference	Action	Date action due	Officer responsible	RAG rating	Status of action
22.13	15.11.22	NHSE learning programme	To find out who the NHSE learning programme is aimed at within ICBs.	ASAP	DoMSE		Update 23.3.23: the Director of Membership and Stakeholder Engagement met with James Lyons, Director of Communications at NHSE who is introducing us to the System Transformation team at NHSE who have an overview of ICSs. Ongoing.
23.01	18.1.23	Communications strategy	DoMSE to liaise with ALB communications Directors to raise the issue of devising a communications strategy for providers to avoid duplication.	ASAP	DoMSE		Update 21.3.23: There is now a piece of work under way, led by DHSC, to better coordinate messages out to the system; this point will be raised within that context at the next System Comms Directors meeting.
23.02	18.1.23	Evaluation of academic partners	DoS&L to bring a report to March Board	21.3.23	DoS&L	<b>CLOSED</b>	On 21.3.23 Part 2 agenda
23.03	18.1.23	Cases of note	TCD to provide a forward look of items for Board.	TBC	TCD		Ongoing

# Chief Executive's Report

## Board meeting (Part 1)

24<sup>th</sup> May 2023

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### **McCullough v. Forth Valley Health Board**

This case is scheduled to be heard in the Supreme Court on 10 and 11 May. Its outcome might have implications for NHS Resolution. In essence, the case is about consent and whether a clinician is obliged to inform patients about a course of treatment the doctor would not recommend as clinically suitable owing to the patient's presentation. The claimant (Pursuer) alleges that in order to make a properly informed choice, he/she needs to be informed of all alternative treatments and their risks/benefits, rather than just those the doctor regards as reasonable and wishes to discuss. In April 2021, the Inner House of the Court of Session (Scottish equivalent of the Court of Appeal) rejected this argument, specifically holding that it was not in accordance with the current leading authority on consent, *Montgomery v. Lanarkshire Health Board*. It is possible that judgment may be delivered in July, but the autumn is more likely.

### **Second Interim Report published from Infected Blood Inquiry – recommendations on redress**

On the 5th of April 2023, the Chair of the Infected Blood Inquiry Sir Brian Langstaff published a Second Interim Report outlining the Inquiry's recommendations on compensation. The reports' principal recommendation is that an independent compensation scheme should be set-up immediately, with work to begin this year, and recommends the creation of an independent Arm's Length Body to centrally administer the scheme at a national level.

The report details key features of the scheme including categories of loss, banded calculations of award, defining affected persons, and provides options as to the form of award (provisional or final). It also emphasises the need for support services to be provided to applicants including a confidential advice and advocacy service. The establishment of this service, staffed by lawyers, is recommended to support efficiency and acceptability of the scheme process, and would function to provide confidential advice to applicants on issues such as eligibility, and preparing a case. The report also calls for additional support services to provide financial advice, support to access Health and Care Services, as well as the establishment of a bespoke psychological service for those affected in England, to mirror the support available in Wales, Northern Ireland and Scotland.

### **Business Plan for 2023-24**

Following approval by the Board the NHR Business Plan for 2023-24 is with the DHSC for approval for publication. In the meantime, we plan to publish the document internally to staff to enable objectives to be set and a summary slide-deck is under preparation for use both internally and externally.

The Board is asked to **note** the Chief Executive's report.

# Board meeting – Part 1

Wednesday 24<sup>th</sup> May 2023

Agenda item:	Item 2.2
Title of paper:	Performance Report
Responsible Director/Lead:	Chief Executive and SMT leads

## Summary of paper:

The performance reports provide an overview on financial performance and key performance indicators for the period under review. Where performance is below target an explanation is given together with details of plans to bring performance back in line.

Part 1 reports have been split into the following sections for ease of navigation:

1. Executive summary;
2. Financial performance; and
3. Operational performance.

Please note the following updates appear elsewhere in the Part 1 agenda:

1. Liaison with key stakeholders (at item 4); and
2. Strategic activity overview (at item 6).

## Board action requested:

The Board is asked to **note** the report.

## Potential risks:

Our performance is detailed in public documents such as the Business Plan and our Annual Report and Accounts as well as reported on a regular basis to the Department of Health. Any failure to perform against agreed targets or to have plans in place to remedy under performance would bring into question our effectiveness in delivering the aims of our Business Plan and Our Strategy to 2025.

## Equality, diversity & inclusion:

We review all the proposed measures of performance against our standards in this area when agreeing definition of thresholds with the Department of Health and Social Care at the outset of the financial year.

## Has the patient and public interest been taken into account?

All performance measures are focused ultimately on the interests of patients and the public be that in relation to patient safety or preserving resources for NHS care.

# Part 1 performance report – executive summary

Wednesday 24<sup>th</sup> May 2023

Key points to note from this reporting period are as follows:

## Finance (to end March)

- Total expenditure against Department Expenditure Limit (DEL) budget was a 1.7% underspend at the draft accounts stage, which are subject to audit.
- There was 9% growth on CNST compared to 2021/22. The budget set for 23/24 allows for 10% growth compared to 2022/23 outturn therefore there is a risk of pressure on the budget if this level of growth continues. DHSC were aware of the risk this when setting the budget. Close monitoring and forecasting in year will be required.
- The DHSC schemes underspent by £17.7m/11%. The budget was based on the forecasts provided for the Spending Review in 2021. We revised the forecasts in 2022, advising DHSC that we expected there to be some slippage into 2023/24 in the settlement of identified high value claims, which has materialised in our forecast underspend for the reporting year. We have advised DHSC that there is therefore a risk of a higher than anticipated budgetary requirement for these schemes in 2023/24.

## Operations (to end March)

- In the CNST portfolio<sup>1</sup>, in a change from 2021/22 the highest volume specialties are Emergency Medicine (806 claims), followed by Orthopaedic Surgery (776 claims) and Obstetrics (740 claims). General surgery and gynaecology are also in the top five. If claims under the Early Notification Scheme are included, Obstetrics is the highest volume category with 882 claims. Obstetrics remains the top specialty by value (£1,124m).
- Despite preparatory and organisational readiness work being completed for the launch of the Compassionate Conversations programme in the North West, the rollout has had to be postponed at the request of participating employers/contracting organisations, due to frontline pressures. New dates have been agreed and the situation is being closely monitored and we currently plan for the first session to happen before the end of the financial year. Learner impact assessments will commence at the point of rollout.
- Primary Care Appeals continues to issue substantive determinations on appeals from pharmacy contractors relating to refused claims for costs associated with delivering pharmaceutical services during the pandemic. In this reporting period, Primary Care Appeals has issued two determinations refusing claims totalling £44,720.

<sup>1</sup> Excluding claims under the Early Notification Scheme

Strategic activity (as of 20 April)

- The overall programme status for the Core Systems Programme is amber RAG due to delays in the Claims release plan and pending further input from Advice for the post Early Adopters roll out regarding further migration and user onboarding.
- The overall programme status for Claims Evolution Programme is Programme is amber RAG due to limited capacity of resources in programme management that is being addressed with recruitment. Insourcing team is now recruited to and will commence phase one of pilot in June. SMEs supporting Core Systems Programme. Benefits analysis ongoing for completed work streams in phase one.

**The Board is asked to note the Part 1 performance reports.**

# Part 1 performance report – financial

Wednesday 24<sup>th</sup> May 2023

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## 1. Executive summary:

### 1.1 Key messages and issues

- Total expenditure against Department Expenditure Limit (DEL) budget was a 1.7% underspend at the draft accounts stage, which are subject to audit.
- In February 2023 we were notified by DHSC that additional funds were available to bring forward indemnity scheme spend from 2023/24. However, due to application of controls in January 2023 to bring the budget back in line from the overspend position emerging, we were unable to make use of this funding. This is potentially a missed opportunity due to the late timing of the funding becoming available, as the agreed budget for 23/24 represents the bottom end of the forecast range we submitted for CNST in September 2022.
- There was 9% growth on CNST compared to 2021/22. The budget set for 23/24 allows for 10% growth compared to 2022/23 outturn therefore there is a risk of pressure on the budget if this level of growth continues. DHSC were aware of the risk this when setting the budget. Close monitoring and forecasting in year will be required.
- The DHSC schemes underspent by £17.7m/11%. The budget was based on the forecasts provided for the Spending Review in 2021. We revised the forecasts in 2022, advising DHSC that we expected there to be some slippage into 2023/24 in the settlement of identified high value claims, which has materialised in our forecast underspend for the reporting year. We have advised DHSC that there is therefore a risk of a higher than anticipated budgetary requirement for these schemes in 2023/24.
- We have improved the forecasting process and forecasting outputs in 2022/23. On administration budgets we have implemented a quarterly forecasting exercise and on scheme budgets the forecasts focused on year on year growth which provided more accurate results than comparing to budget.
- We are still in discussions with DHSC and Ministers about the potential for savings and efficiencies on our budgets for 2023/24 which may affect our current plans and associated funding.

### 1.2 Outturn Headlines

- Indemnity scheme expenditure was £42.8m/1.6% underspent compared to budget.
- Administration expenditure was £4.9m/9% underspent after absorbing the accrual for the most recent announcement on the NHS pay award. The underspend is primarily due to the delay in the main body of recruitment for the Claims Evolution Programme (CEP) to align with the later rollout of the Core Systems Programme (CSP) to the Claims team. This is not expected to delay delivery of CEP savings at this point in time.

- The Grant-in-Aid budget of £6.273m within the administration costs was underspent by £0.8m/13%.
- There was a £5m/0.2% over-recovery of income in relation to the amount collected from scheme members to deal with corrections to contributions that arose from data issues.
- Capital spend was £5.5m as forecast, £2m/27% underspent against budget, primarily due to the delay in CSP as noted above.
- The current position on the provision and the Annually Managed Expenditure budget is as follows:
  - o The provision has reduced by £58.9bn (46%), from £128.6bn at 31/3/22 to £69.7bn. This is primarily due to the change in the HMT discount rate (reduction of £74.6bn) which is partially offset by factors including £14.4bn of an increase in provision due to the additional year of activity.
  - o The Department's AME submission for Spring Supply was a reduction of £37.3bn
  - o The underspend of £21.7bn is made up of unutilised contingency cover of £11bn (of which £8.6bn was included by DHSC to cover risk of adverse changes in assumptions), with the rest being lower than expected results from assumption and methodology changes (IBNR £3.9bn and known claims £6.8bn).

#### Summary Department Expenditure Limit (DEL) budget position -

	Budget £'000	Actual £'000	Vs Budget £'000	%	Prior Year £'000	Vs Prior Year £'000	%
Member Cont.	-2,484,900	-2,490,089	5,189	0%	-2,524,686	-34,597	-1%
Other	-1,153	-981	-172	-15%	-935	45	5%
<b>Total Income</b>	<b>-2,486,053</b>	<b>-2,491,070</b>	<b>5,017</b>	<b>0.2%</b>	<b>-2,525,621</b>	<b>-34,552</b>	<b>-1.4%</b>
Member Funded Scheme	2,448,400	2,424,684	23,716	1%	2,262,594	162,090	7%
DHSC Funded Schemes	154,000	136,327	17,673	11%	110,838	25,489	23%
GPI Schemes	130,000	129,658	342	0%	85,035	44,623	52%
Coronavirus Schemes	1,238	213	1,025	0%	28	185	0%
<b>Scheme Expenditure</b>	<b>2,733,638</b>	<b>2,690,881</b>	<b>42,757</b>	<b>1.6%</b>	<b>2,458,495</b>	<b>232,386</b>	<b>9.5%</b>
<b>Administration</b>	<b>55,023</b>	<b>50,147</b>	<b>4,876</b>	<b>9%</b>	<b>43,230</b>	<b>6,916</b>	<b>16%</b>
<b>Total Expenditure</b>	<b>2,788,661</b>	<b>2,741,027</b>	<b>47,633</b>	<b>1.7%</b>	<b>2,501,725</b>	<b>239,302</b>	<b>9.6%</b>
<b>Net Expenditure</b>	<b>302,608</b>	<b>249,958</b>	<b>52,650</b>	<b>17.4%</b>			
<b>Parliamentary Funding</b>	<b>302,608</b>	<b>302,608</b>	<b>0</b>	<b>0.0%</b>	<b>213,991</b>	<b>88,617</b>	<b>41.4%</b>
<b>Overall Net Expenditure</b>	<b>-</b>	<b>-52,650</b>	<b>52,650</b>				

Variances against budget: underspends/over-recovery of income are shown as positive numbers.

Prior year comparisons: growth/increases in income and expenditure from the prior year are shown as a positive number



## 2. Indemnity Scheme spend

### 2.1 Overview all schemes

The table below gives the results by indemnity scheme.

SCHEME	Budget	Actual	Vs Budget		Prior Year	Vs Prior Year	
	£'000	£'000	£'000	%	£'000	£'000	%
CNST	2,396,215	2,381,702	14,513	1%	2,213,577	168,125	8%
LTPS	44,305	35,174	9,131	21%	44,418	-9,244	-21%
PES	7,880	7,808	72	1%	4,321	3,487	81%
<b>Total Member Funded</b>	<b>2,448,400</b>	<b>2,424,684</b>	<b>23,716</b>	<b>1%</b>	<b>2,262,316</b>	<b>162,368</b>	<b>7%</b>
DH Clinical	105,292	99,707	5,585	5%	82,773	16,934	20%
ELS	37,880	29,044	8,837	23%	19,882	9,162	46%
DH Non-Clinical	9,145	6,200	2,945	32%	6,918	-718	-10%
Ex-RHA	1,683	1,376	307	18%	1,265	111	9%
<b>Total DHSC Funded</b>	<b>154,000</b>	<b>136,327</b>	<b>17,673</b>	<b>11%</b>	<b>110,838</b>	<b>25,489</b>	<b>23%</b>
CNSGP	11,906	11,715	191	0%	4,461	7,254	163%
ELGP	0	0	0	0%	0	0	0%
ELSGP	118,094	117,943	151	0%	80,574	37,369	46%
<b>Total GPI</b>	<b>130,000</b>	<b>129,658</b>	<b>342</b>	<b>0%</b>	<b>85,035</b>	<b>44,623</b>	<b>52%</b>
CNSC	1,238	213	1,025	0%	28	185	0%
CTIS	0	0	0	0%	0	0	0%
<b>Total Scheme Costs</b>	<b>2,733,638</b>	<b>2,690,881</b>	<b>42,757</b>	<b>2%</b>	<b>2,458,217</b>	<b>232,664</b>	<b>9%</b>

Variances against budget: underspends/over-recovery of income are shown as positive numbers.

Prior year comparisons: growth/increases in income and expenditure from the prior year are shown as a positive number

## 3. Prompt Payment Policy and Reporting of Performance

The number of invoices paid within 30 days is 89%, below the target of 95%, for the year to March with relevant payments totalling £208m.

In February 2023, 89% of invoices were paid within 30 days. In March 2023, 93% of invoices were paid within 30 days, with just over half of this slippage due to Purchase orders being raised late across multiple directorates. Approximately 70% of late-paid invoices in Feb 23 and 42% in Mar 2023 are for invoices relating to IT & Facilities. This Dept. has the largest number of transactions but there are areas where the transactional workflow is not working as well as it should. The reasons for late payment are mainly late receipting of goods/services on the finance system and late invoice approvals but there are also instances of purchase orders being raised late.

The Prompt Payments Working Group have continued to meet and reports will be discussed at Finance business partnering meetings with each directorate. The immediate focus has been on working through the issues with the IT & Facilities and providing additional training for this team.

# Part 1 performance report – operations

Wednesday 24<sup>th</sup> May 2023

## Operations - Claims Management Service

Reports on the number of claims for compensation received by NHS Resolution under our three principal indemnity schemes, alongside a high-level overview of the portfolio of those claims. Our performance in the management of claims against our key performance indicators is commercially sensitive and included in the papers in Part 2.

At the close of 2022/23, reported cases in CNST were 3.3% higher than 2021/22. The year began with reported cases 3% below the previous year with numbers rising steadily through the year. Compared with pre-pandemic reporting (11,145 in 2019/20) there has been a 5.2% reduction with likely ongoing impact related to the pandemic and pressures in the health and justice system. 2019/20 however saw an increase from previous years, so against 2018/19 numbers (10,618) there has only been a 0.5% reduction and reported numbers in 2016/17 (10,560) and 2017/18 (10,592) were within 1% of 2022/23 volumes. Based on the year end position there may no longer be suppressed reporting but this will require ongoing monitoring.

Across the other two principal schemes (LTPS and CNSGP) reported numbers have increased during this reporting period compared with last year.

When compared with reported cases for 2021/22 (3,074) the LTPS 2022/23 numbers are 2% higher. Reporting in this scheme was particularly affected at the start of the pandemic (2,696 in 2020/21) so although there has been an increase since then numbers are 14.5% lower than pre-pandemic (3,669 in 2019/20). Prior to 2019/20 reported numbers in LTPS had largely been decreasing, dropping steadily each year from 4,667 in 2014/15 to 3,492 in 2018/19.

The split between employer's liability (EL) and public liability (PL) continues towards a larger volume of PL cases. The percentage of PL cases at year-end is 38%.

In the CNST portfolio<sup>1</sup>, the highest volume specialty reported is Emergency Medicine (1,241 claims), followed by Obstetrics (1,149 claims) and Orthopaedic Surgery (1,121 claims). General surgery is the next highest with 717 claims. If claims under the Early Notification (EN) Scheme are included, Obstetrics is the highest volume category with 1,385 claims. Obstetrics (excluding EN claims) remains the top specialty by value (£1,778m).

Orthopaedic injuries remain the largest injury type in LTPS (1839 claims), the second largest being psychiatric damage (611 claims). We see greater volatility in this portfolio so percentages can be more easily affected by small variations in numbers. Slip and trip type incidents remain the highest cause of LTPS cases (576 claims), followed by assault (377 claims) and data breach cases (295 claims).

<sup>1</sup> Excluding claims under the Early Notification Scheme.

## Charts

This report confirms case numbers up to 31 March 2023.

### Number of claims and incident reports received in 2021/22 compared with 2022/23

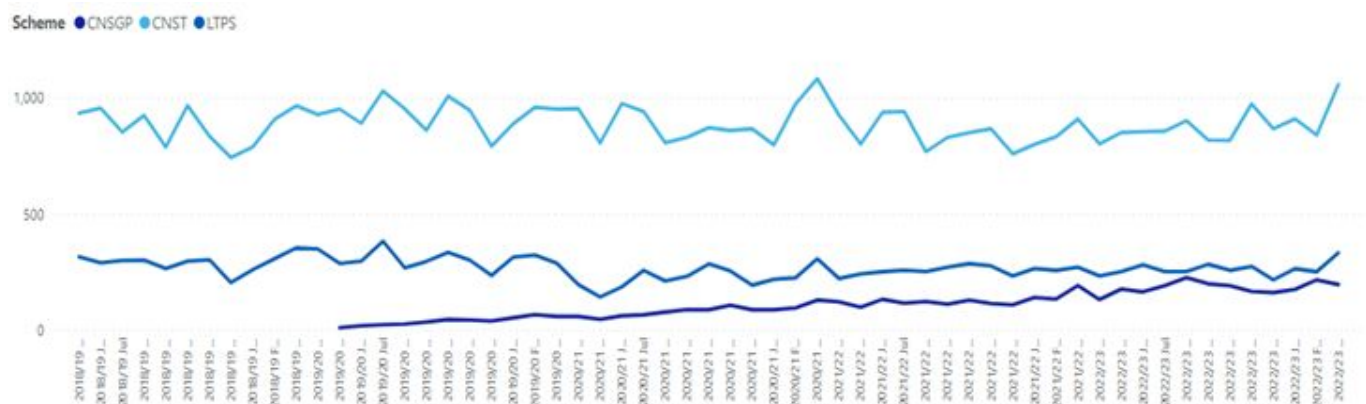
Schemes	2021/22	2022/23	Change
Clinical Negligence Scheme for Trusts (CNST)	10226	10567	+3.3%
Liabilities to Third Parties Scheme (LTPS)	3074	3136	+2%
Clinical Negligence Scheme for General Practice (CNSGP)	1502	2180	See below**

The figures for CNST exclude birth injury incidents notified under the Early Notification (EN) initiative.

\*\* The CNSGP numbers continue to increase (+45.1% increase on last year) following the inception of the scheme in April 2019. The rate of growth continues towards a plateau as expected for a maturing scheme and as shown on the chart below. The small volume of cases in this scheme makes it difficult to assess whether there has been any significant impact from COVID-19.

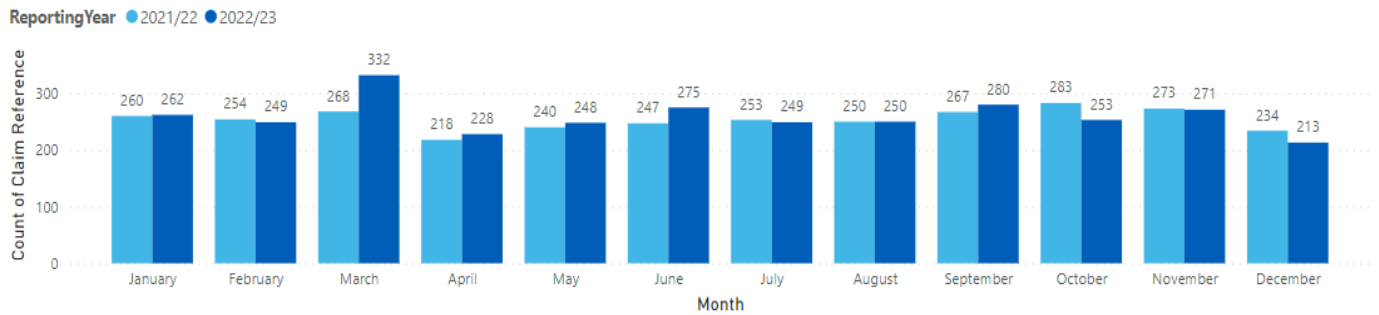
### New claims over the last five years

This chart shows the month-on-month volatility of new claims received in the last five full financial years across CNST, LTPS and CNSGP.

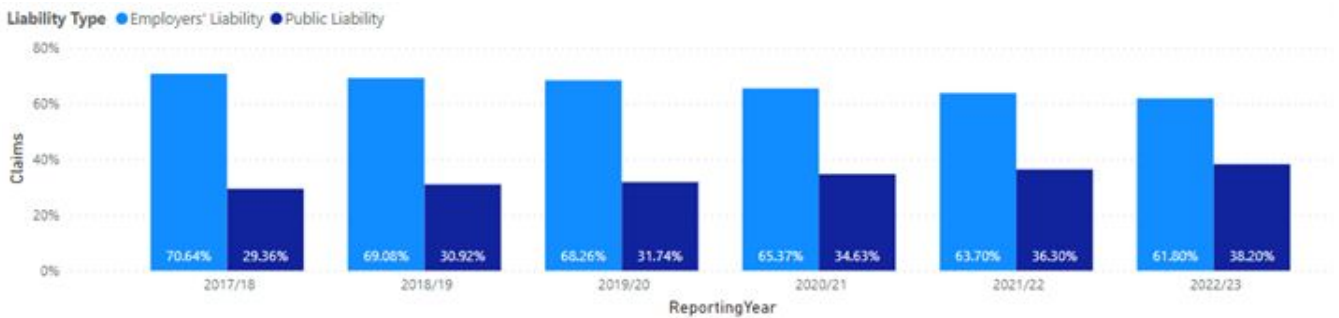


## Non Clinical

### LTPS EL/PL claim numbers 2021/22 compared with 2022/23



### LTPS EL/PL claims reported compared with the same period since 2014/15



## Practitioner Performance Advice Service

### Executive Summary

#### Case advice

- We received 787 new requests for advice from April 2022 to March 2023. This is broadly in line with the 797 requests we received in FY21/22.
- Case Advice KPIs have been met, with the exception of the KPI associated with exclusions and suspensions. In most cases where the KPIs were not met (32 out of 206 cases), these breaches were the result of delays in healthcare organisations responding to our requests to review exclusions and suspensions. In all such cases, Advice has proactively followed up the requests to ensure that these cases are reviewed with the employer/contracting body.

#### Assessments and other interventions

- Some services continued to be affected by frontline demands in the NHS and strike action by junior doctors. The availability of those clinical assessors (who are consultants in full-time clinical practice) to complete assessment work was limited and subject to change at very short notice owing to local pressures. This has affected delivery times for two of our assessment reports which meant that one did not meet its KPI in Q4 and another may miss its KPI target in FY23/24.
- There has been a marked increase in the demand for clinical performance assessments (CPAs) by NHS organisations, following a slow resumption of the service in FY21/22 after its suspension of almost two years during COVID restrictions. Five CPAs were offered in the past two months, compared to three in the previous 10 months.

#### Insights programme, including education

- The KPI for delivery of our [Insights](#) publications has been met, with six publications issued in FY22/23 on a range of important topics relating to practitioner performance.
- Thirty nine education events were delivered in the FY, with 610 participants trained. Ninety two per cent of participants rated our programmes at least 4 out of 5 for quality, with 98% reporting that they would be happy to recommend our training to others.
- Despite preparatory work being completed for the launch of the *Compassionate Conversations* programme in the North West, the rollout has been delayed at the request of participating employers/contracting bodies due to frontline pressures and strike action. The first virtual event for delegates has been delivered and new dates have been agreed in April/May 2023.

**Board is asked to note the position.**

**Chart 1: Before and after metrics for training events**

Average delegate self-assessed score of knowledge and skills pre and initial post learning across all events	Pre-event Average score	Post-event Average score	Variance +/-	Previous FY(21/22) Average Variance +/-
Average <b>knowledge and experience</b> in relation to the learning objectives i.e. cumulative self-reported score/no of delegates/respondents	2.7	4.2	+1.5	+1.6
Average <b>skills</b> needed to meet the stated learning objectives i.e. cumulative self-reported score/no of delegates/respondents	2.9	4.1	+1.2	+1.3

### Exclusions and Suspensions in England

Eighty-four percent of exclusions and suspensions (174 out of 206 cases) in England were reviewed by the Advice service within the target timeframe. In most cases where a review was not undertaken within the required timeframe, this was due to the lack of availability of external contacts, and action to review these cases has now been taken.

### Ongoing exclusions as at end of March 2023

Within our advice casework, there were 44 exclusions in secondary care in England that were ongoing at the end of March 2023. The median length was 5.7 months and the average mean length 7.9 months. A summary of the number and length of ongoing exclusions is shown in the table below.

**Chart 2: Ongoing exclusions**

Length of ongoing exclusion	Number of ongoing exclusions
0-6 months	23
6-12 months	12
12-18 months	4
18-24 months	3
24+ months	2
<b>Total</b>	<b>44</b>
<b>Median length</b>	<b>5.7 months</b>
<b>Mean length</b>	<b>7.9 months</b>

\* This data is based on both immediate and formal exclusions in England.

**Exclusions ending in April 2022 – March 2023**

Between April 2022 and March 2023, 67 exclusions in secondary care in England ended. The length of these exclusions ranged from under one month to 34 months.

***Insights* publication**

- The most recent [Insights](#), published in March 2023, looked at over 700 primary care advice cases, received between April 2017 to March 2022 to identify key themes and features. By sharing this information, we aim to raise awareness of how Practitioner Performance Advice can support the management and resolution of performance concerns within primary care and signpost to useful resources.
- As well as being published on our website, *Insights* has been shared with key external stakeholders (including NHS England) and in external newsletters, such as Resolution Matters.

## Operations - Primary Care Appeals

### Executive Summary

The performance review for full year up to 31 March 2023 is presented for Primary Care Appeals along with an update on cases received and determined under the NHSLA (Pharmacy Remuneration - Payment Disputes) (England) Directions 2022 as well as the Judicial Review position.

In summary:

- Performance against KPIs and MIs is on track;
- Under the NHSLA (Pharmacy Remuneration - Payment Disputes) (England) Directions 2022:
  - A new appeal against NHS England's decision to refuse a Covid-19 vaccine payment to a pharmacy has been lodged;
  - Further determinations have been made regarding NHS England's decision to recover Home Delivery Service payments made to pharmacies during Covid-19;
  - Further determinations have been made regarding decisions of NHS Business Services Authority to refuse Covid-19 pharmacy payments for additional staffing;
  - A determination has been made that the costs of purchasing and installing a dispensing robot are within scope of the Covid-19 payments scheme; and
  - A new appeal has been received regarding a decision of the NHS Business Authority to recover a Covid-19 payment to the value of £1,200,000; and
- There are no further updates on the two listed cases for judicial review but Primary Care Appeals has outlined how it intends to approach future cases as a result of the *Shashikanth* Judgment.

**Board is asked to note the position.**




**Resolution**

## **NHSLA (Pharmaceutical Remuneration - Payment Disputes) (England) Directions 2022**

### Covid-19 vaccine payments

NHS Business Services Authority have been requested by NHS England to undertake assurance that pharmacy contractors have claimed correctly for their Covid-19 vaccine payments. It is our understanding that as a result of the above, a number of pharmacy contractors are required by NHS England to repay monies which NHS England considers the contractors were not entitled to. The first appeal from a contractor was received by Primary Care Appeals on 7 March 2023.

### Covid-19 home delivery service payments

Primary Care Appeals continues to determine disputes from a number of pharmacy contractors who are required by NHS England to repay monies which it considers the contractors were not entitled to.

In this reporting period, Primary Care Appeals has issued nine determinations each found in favour of NHS England that it may seek recovery of the payments, totalling £22,374. These determinations are published on Primary Care Appeals' webpages.

### Covid-19 pharmacy payments

Primary Care Appeals continues to issue substantive determinations on appeals from pharmacy contractors relating to refused claims for costs associated with delivering pharmaceutical services during the pandemic. In this reporting period, Primary Care Appeals has issued two determinations refusing claims totalling £44,720.

Separately, Primary Care Appeals recently determined that the purchase and installation of a dispensing robot to support the provision of pharmaceutical services during the pandemic was within scope of the Covid-19 pharmacy payments scheme. The decision was that there was no express exclusion of a dispensing robot in the payments scheme and that it falls within the category of costs of making premises Covid-19 secure and within one of the inclusions of adjustments to premises to support social distancing. The matter has been remitted back to the NHS Business Services Authority to consider the costs incurred by the pharmacy contractor.

These determinations are published on Primary Care Appeals' webpages.

On 23 March 2023, Primary Care Appeals received an appeal from a national NHS community pharmacy group challenging the NHS Business Services Authority's decision to recover a payment of £1,200,000 on the basis that it was not with scope of the payments scheme. The case is ongoing.

### **Judicial Review Update**

#### **Previous position reported to the Board on 21 March 2023**

#### **Dr Shashikanth v Hillingdon Clinical Commissioning Group**

The dispute related to two General Medical Services Contracts held by the Claimant for the provision of primary medical services. On 1 October 2019, the NHS (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) Regulations 2019 inserted a new paragraph 15A into Schedule 3 of the National Health Service (General Medical Services Contracts) Regulations 2015 (as amended) requiring either sign-up to the Network Contract Directed Enhanced Service Scheme or at least ensuring that the Scheme is available to patients.



## Resolution

The Claimant did not sign-up to the Scheme nor did he co-operate with those managing the Scheme, resulting in NHS England issuing a termination notice which was upheld by Primary Care Appeals on 24 June 2021.

The Claimant engaged in pre-action protocol following which the Claimant filed its application for judicial review.

Primary Care Appeals filed its summary grounds of defence with the Court explaining the reasoning behind its decision and its role, in order to assist the Court but does not intend to engage further with the claim (thus removing the risk of a costs award).

The hearing took place on 28-29 June 2022. On 11 October 2022, Judgment was issued dismissing the claim.

The Administrative Court refused the Claimant's application for permission to appeal the Judgment. He had 21 days (from 9 November) to apply directly to the Court of Appeal.

The Claimant has applied directly to the Court of Appeal for permission to challenge the Judgment.

**Update: Position as above - no further update.**

### Consideration of the Judgment and future approach

As a result of this Judgment, Primary Care Appeals has carefully considered its future approach to the handling of disputes of this kind. Primary Care Appeals will notify both parties to new disputes that it will rely on the most up-to-date Contract that is provided to it or that the parties have agreed upon. This will allow Primary Care Appeals to process the dispute and not be seen to be a blocker to resolution.

### Dr V Bhat (and Mrs G Bhat) v NHS Mid and South Essex Integrated Care Board (ICB)

This dispute was referred to Primary Care Appeals following the termination of the General Medical Services Contract. Those who remain in the partnership argued that the changes to the partnership, which resulted in one partner leaving, should not have resulted in termination of the Contract but simply a continuation of the Contract by way of a Variation Notice. The ICB considered that the GMS Contract to have been terminated by operation of law on dissolution of the partnership. An implied interim GMS Contract is now in place. Primary Care Appeals found in favour of the Integrated Care Board on 10 November 2022.

The Claimant's solicitors have not engaged in pre-action protocol because Primary Care Appeals is *functus officio*. The Claimant seeks an order quashing the determination and a declaration that, as a matter of law, the Contract subsists between the Claimant and the ICB.

Primary Care Appeals has acknowledged service with the Court and will file its defence at a later date.

**Update: Position as above - no further update.**

# Board meeting

24 May 2023

Agenda item:	Item 2.3
Title of paper:	Summary of NHS Resolution engagement with Inquiries and Reviews
Responsible Director/Lead:	Helen Vernon/Tinku Mitra

## Summary of paper:

The paper sets out key updates in relation to our current engagement with active Statutory Inquiries and reviews, and those where we may be invited to provide information. It is being presented to Board for visibility of current and future activity in matters which will be in the public domain. The Inquiries or Reviews set out below have a SMT lead who has oversight of any engagement by NHS Resolution.

## Board action requested:

The Board is asked to note the updates.

## Potential risks/Risk Appetite:

Strat 06 - Fail to identify information within the data we hold which either in isolation or when connected with information held by others elsewhere in the NHS, indicates a current or emerging patient safety risk from a particular organisation or individual

The risk is that NHS Resolution is named in an Inquiry which leads to adverse reputational outcome. This strategic risk has a number of mitigations including the work undertaken by the Significant Concerns Group whose overarching purpose is to support the prompt and effective management of significant concerns identified by individual NHS Resolution functions where these give rise to the need for a coordinated organisational response.

## Equality, diversity & inclusion:

The terms of reference for each Inquiry will have incorporated an equality impact assessment

## Has the patient and public interest been taken into account?

The nature of Inquiries are that they are conducted in public and have public engagement. , as participants but also as witnesses for the Inquiries.

Update to Board- Meeting of 24 May 2023	
Inquiries and Reviews [current involvement]	Update on NHS Resolution involvement
<p><b><u>Infected Blood Inquiry</u></b></p> <p>Independent public statutory inquiry into the use of infected blood and blood products. TOR:</p> <p><a href="https://www.infectedbloodinquiry.org.uk/terms-reference_dinquiry.org">https://www.infectedbloodinquiry.org.uk/terms-reference_dinquiry.org</a></p> <p>Although not part of the Infected Blood Inquiry, on 7 June 2022, Sir Robert Francis QC published his Study, commissioned by the government, <a href="#">Compensation and redress for the victims of infected blood: recommendations for a framework</a>. This is being considered by the government and Sir Robert gave oral evidence to the Infected Blood Inquiry on 11 and 12 July 2022.</p> <p>On 17 August 2022, the government announced interim payments of £100,000 for infected beneficiaries and bereaved partners currently registered with the Infected Blood Support Schemes. The Inquiry commissioned an independent report of the number of infections and deaths from infected blood, which was published on 16 September 2022.</p> <p>The Inquiry has now finished hearing evidence.</p> <p>On 5 April 2023, the Inquiry team published the <a href="#">second interim report</a> detailing its full recommendations on compensation.. The principal recommendation is that an independent compensation scheme should be set-up immediately, with work to begin this year. The report recommends the creation of an independent Arm's Length Body to centrally administer the scheme at a national level.</p>	<p>There is no suggestion NHS Resolution will operate the scheme. The Chief Executive and the Director of Claims to discuss the report with DHSC.</p>
<p><b><u>Covid 19 Inquiry</u></b></p> <p>The Government has appointed the Rt Hon Baroness Heather Hallett DBE as Chair of the forthcoming public inquiry into the Covid-19 pandemic. The Inquiry, has been established under the Inquiries Act 2005, with full powers, including the power to compel the production of documents and to summon witnesses to give evidence on oath. The Inquiry have published 3 modules which will be the focus of its work initially. These are set out <a href="#">here</a>.</p> <p>In common with other bodies we have been asked to ensure that no material of potential relevance to the inquiry is destroyed. We have also attended regular meetings of the Arm's Length Body Fortnightly Inquiry Preparation Unit led by DHSC which aims to coordinate and streamline the varied engagement across the Arms' Length Bodies.</p> <p>The terms of reference for the Inquiry are published below</p> <p><a href="https://covid19.public-inquiry.uk/uk-covid-19-inquiry-terms-of-reference-2/">https://covid19.public-inquiry.uk/uk-covid-19-inquiry-terms-of-reference-2/</a></p>	<p>We have communicated the requirement for retention of all records to all staff and to any relevant bodies who are contracted to us such as Legal Panel</p> <p>We have uploaded all relevant material to a dedicated Teams channel and are working with our legal advisors to produce an institutional timeline.</p>

Update to Board- Meeting of 24 May 2023	
Inquiries and Reviews [current involvement]	Update on NHS Resolution involvement
<p><b><u>Independent Neurology inquiry</u></b></p> <p>Review of neurology services provided by Belfast Health and Social Care Trust.</p> <p>In December 2020 the Minister for Health in Northern Ireland converted the Independent Neurology Inquiry to a Statutory Public Inquiry on the 11th December 2020. A revised terms of reference has been issued:</p> <p><a href="https://neurologyinquiry.org.uk/sites/ini/files/media-files/Independent%20Neurology%20Inquiry%20Terms%20of%20Reference%2011-12-%202020.pdf">https://neurologyinquiry.org.uk/sites/ini/files/media-files/Independent%20Neurology%20Inquiry%20Terms%20of%20Reference%2011-12-%202020.pdf</a></p> <p>Individuals from the Advice Service have provided written and oral evidence.</p> <p>The Inquiry published its report on 21 June 2022:</p> <p><a href="https://www.neurologyinquiry.org.uk/">https://www.neurologyinquiry.org.uk/</a></p>	<p>The Director of Advice &amp; Appeals has considered the report and its findings and the learning recommendation for it. Ongoing involvement with NI DH to ascertain Advice's involvement in subsequent actions</p>
<p><b><u>Elizabeth Dixon</u></b></p> <p>A report on the investigation into the death of Elizabeth Dixon was released in November 2020:</p> <p><a href="https://www.gov.uk/government/publications/the-life-and-death-of-elizabeth-dixon-a-catalyst-for-change">https://www.gov.uk/government/publications/the-life-and-death-of-elizabeth-dixon-a-catalyst-for-change</a></p> <p>The investigation chaired by Dr Bill Kirkup looked at the events surrounding the care of Elizabeth and makes a series of recommendations in respect of the failures in the care she received from the NHS. NHS Resolution is not listed as an accountable organisation to any of the recommendations in the report. The publication of the DHSC response was delayed and is due to be published on 11 May 2023.</p>	<p>NHS Resolution's input has informed the DHSC response.</p>
<p><b><u>Independent Investigation into East Kent Maternity and Neonatal Services</u></b></p> <p>In February 2020, NHS England and NHS Improvement (NHSEI) commissioned Dr Bill Kirkup CBE to undertake an independent investigation into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust.</p> <p>The final report, 'Reading the signals', was published on 19 October 2022 and can be found <a href="#">here</a>.</p> <p>Government's initial response to the independent review into the maternity and neonatal services at East Kent University NHS Foundation Trust was made by Maria Caulfield, Parliamentary Under Secretary of State, on 7 March 2023. This can be found <a href="#">here</a>.</p>	<p>NHS Resolution will support DHSC with its response as required.</p>

Update to Board- Meeting of 24 May 2023	
Inquiries and Reviews [current involvement]	Update on NHS Resolution involvement
<p><b><u>Independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust (also known as Ockenden Review)</u></b></p> <p>The independent review commenced in the summer of 2017 and considered the maternity care of 1,486 families, the majority of which were patients at the Trust between the years 2000 and 2019.</p> <p>The final report of the Ockenden review was published on 30 March 2022. This can be found <a href="#">here</a>.</p>	<p>On 14 April 2022, the Chief Executive received a letter from the Secretary of State requesting NHS Resolution review its activity over the reporting period and set out its plans in light of the recommendations. NHS Resolution responded on 12 May 2022 describing its activity in the reporting period and planned future work streams</p> <p>NHS Resolution will support DHSC with its response as required.</p>
<p><b><u>Independent review into maternity services at Nottingham University Hospitals NHS Trust</u></b></p> <p>NHS England has commissioned an independent maternity review of maternity incidents, complaints and concerns at Nottingham University Hospitals (NUH). This nationally-commissioned review will focus on identifying areas of concern within maternity care at NUH and will provide information and recommend actions.</p>	<p>NHS Resolution has not been asked to contribute at this stage.</p>
<p><b><u>Independent Urology Inquiry (Northern Ireland)</u></b></p> <p>The establishment of the independent public Urology Services Inquiry was announced in a statement by the Health Minister, on 24 November 2020.</p> <p>The Terms of Reference are published on the website: <a href="https://www.urologyservicesinquiry.org.uk/">https://www.urologyservicesinquiry.org.uk/</a> and includes a specific reference to MHPS (NI):</p> <p>(e) To review the implementation of the Department of Health's "<i>Maintaining High Professional Standards Policy</i>" by the Trust in relation to the investigation related to Mr O'Brien. The Inquiry is asked to determine whether the application of this Policy by the Trust was effective and to make recommendations, if required, to strengthen the Policy.</p>	<p>Advice officers involved in the handling of relevant cases have provided oral evidence and we await the outcome of the Inquiry</p>

Update to Board- Meeting of 24 May 2023	
Inquiries and Reviews [current involvement]	Update on NHS Resolution involvement
<p><b><u>NHS Litigation Reform Inquiry:</u></b></p> <p>The Health and Social Care Select Committee published its report on NHS Litigation Reform on 28<sup>th</sup> April 2022.</p> <p>The report recommended an independent administrative body should be responsible for investigating cases and determining eligibility for compensation in the most serious cases.</p>	<p>NHS Resolution continue to support DHSC with its response to the Health and Social Care Committee's <u>Report</u> on NHS Litigation Reform, with initial input provided in mid-August 2022. A timeline for the completion of this work has not yet been agreed.</p>

# Board meeting – Part 1

Wednesday 24<sup>th</sup> May 2023

Agenda item:	Item 4.1
Title of paper:	Liaison with key stakeholders
Responsible Director/Lead:	Director of Membership & Stakeholder Engagement and Director of Safety & Learning

## Summary of paper:

This paper provides an update on recent communications and strategic stakeholder engagement activity co-ordinated by MSE and Safety & Learning in the current reporting period.

Non KPI related information for MSE and Safety & Learning is reported under liaison with key stakeholder's agenda item.

## Board action requested:

The Board is asked to **note** the report.

## Potential risks:

Without effective managed relationships through media channels and with external stakeholders, we will fail to develop and maintain effective relationships with key stakeholders, members and customers, which could have an adverse impact across our strategy to 2025.

## Equality, diversity & inclusion:

We will reflect relevant aspects of Equality, Diversity and Inclusion in our media relations and stakeholder engagement, in particular reflecting the diverse range of patient and public interests served.

## Has the patient and public interest been taken into account?

We will be mindful of the need to serve the interests of different groups of patients and members of the public in preparing and issuing statements to the news media and while engaging with our external stakeholders.



# Part 1 Liaison with key stakeholders

Wednesday 24<sup>th</sup> May 2023

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## Safety and Learning

### 1. [21] National and [44] Regional Engagements

At a national, regional, and local level, the Safety and Learning team continue to engage with a range of members, beneficiaries, and stakeholders from legal, governance and clinical teams to share claims learning insights. We have continued to focus on our strategic relationships with health regulators, and Professional Colleges which enable us to exchange and explore safety improvement areas of common interest and alignment. We have recently collaboratively worked on several national patient safety events.

Through these strategic partner arrangements, we can also help improve systematic and local service delivery change through sharing claims learning.

Some meetings and events at local, regional, and national level have been cancelled or postponed this quarter due to staffing pressures and industrial actions. Most of our engagements have continued to be virtual, although face to face events are increasing. We delivered a national collaborative virtual event with the Health and Care Professions Council (HCPC), Nursing and Midwifery Council (NMC), NHS England and DAC Beachcroft, on fitness to practise trends within primary care. This has enabled our Safety and Learning Lead for General Practice and our General Practice Adviser to deliver the recommendations from the NHS Resolution report on Clinical Negligence Scheme for General Practice first year overview. Over 100 clinicians attended this event, over three quarters of whom completed the evaluation form reported that they would be changing their practice because of information gained in the session.

We ran a national virtual forum on Sepsis in Primary Care, which was attended by over 160 clinicians who represented the disciplines of doctor, nurse, and allied health care professionals. Dr Ron Daniels (CEO The UK Sepsis Trust) and Majid Hassan, Capsticks Panel firm were our external guest speakers. The impact of the session was evaluated by utilising the polling function within MS Teams. Post evaluation reported that 53% heard a new insight and 20% would be making changes to their local service.

On the 27th of March we supported the facilitation of a face to face North West regional event focussing on Emergency Medicine. One year on from the publication of our three reports exploring clinical issues that contribute to compensation claims within the Emergency Departments, this event was facilitated in collaboration with Hempsons, Weightmans and Hill Dickinson, our panel

firms located within the North West. Attended by over 60 clinical, governance and legal representatives, the day was chaired by Alex Crowe (Deputy Director of Safety and Learning) and started with presentations from our keynote speakers Dr Chris Moulton (Emergency Medicine Lead, GIRFT), Dr Sue Greenhalgh OBE (Consultant Physiotherapist, Bolton NHS Foundation Trust, and Dr Ron Daniels (CEO of The UK Sepsis Trust). Focusing on frailty, missed fractures and sepsis, we utilised a world café approach to gain insight to the work currently being undertaken within the region to improve patient safety and reduce claims risk. Lots of ideas and initiatives were exchanged amongst delegates. Innovation shared included specialist teams focusing specifically on the care needs of older people in the Emergency Department, the use of Artificial Intelligence (AI) in recognising fractures and 24/7 nurse-led sepsis teams supporting Emergency Departments as well as the wider organisation.

The Best Practice conference took place face to face on the 8<sup>th</sup> and 9<sup>th</sup> March at Kensington Olympia. Ellen Nicholson (Safety and Learning Lead – General Practice) chaired day 2 of the event in the Best Practice Nursing Theatre, which was well attended by practicing clinicians many new connections were made by people requesting NHS Resolution resources as well as requests for local presentations on GP indemnity to individual teams. There was good interaction from senior Integrated Care Board leaders, nurses, and GPs.

Our Being Fair 2 report on improving organisational culture in the NHS was launched on the 30<sup>th</sup> of March and aims to promote the value of a person-centred workplace that is compassionate, safe, and fair. This report sets out the benefits to an organisation of adopting a more reflective approach to learning from incidents and supporting staff. We are grateful to a wide range of organisations who have contributed to this report including the Care Quality Commission, British Medical Association, Royal College of Nursing, Health and Care Professions Council, The National Guardian's Office, NHS England, the General Medical Council, and others.

Our team continue to implement the Being Fair principles and we have started to actively promote the Being Fair 2, a campaign that will continue to see momentum over the next financial year. This includes working in collaboration with Advice to plan and deliver an implementation workshop which is anticipated to take place in the late spring.

In March we also launched an animation on needlestick injuries, and 'Did you know?' resources, on needlestick injuries, and venous thromboembolism (VTE), which we have actively been promoting through our engagements.

## 2. Update on Safety and Learning Activity

The team continue to develop and maintain effective working relationships that optimise collaborative working both internally and externally. We also continue to meet with national and regional NHS England safety teams for the purpose of contributing claims learning updates to Safety Specialists. The team continues to attend and contribute to Getting It Right First Time (GIRFT) led deep dive reviews with Emergency and Acute Medicine teams within trusts. Part of these visits focus on learning from litigation with the team being able to explain how they can support trusts to analyse and make best use of the claims information within the scorecard. As a result, several requests for follow-up discussions and support have been made.

The Safety and Learning Away Day took place on the 28th of February and was hosted by Clyde and Co. In the months leading up to the away day, the team had been collectively analysing the work we do through a quality improvement lens. From this work, a local Safety and Learning Improvement Plan (SLIP) has emerged which is underpinned by a framework of clarifying, standardising and evaluating the work that we do. Throughout the day, the team identified the priority areas for focus and how these are crucial to the successful delivery of the 2023/24 business plan. These priority areas now inform the agendas of our team meetings and over the next six months, we will use these to take forward our local Safety and Learning Improvement Programme.

### Academic Partnerships Update

The key outputs of the Academic Partnership with London South Bank University and Staffordshire University have now been delivered and the contract has now ended. A Professional Business Case Approval Form for Department of Health and Social Care (DHSC), Procurement Strategy and Prior Information Notice is currently being progressed internally at NHS Resolution before submission to DHSC. A Board paper on progress, completion of contract deliverables and update on future business case to support future academic support was submitted and discussed (3.23).

### Thematic Reviews: '*Recommendations to Implementation*'

The S&L team is embarking on a 'Recommendation to Implementation' (R2I) programme of work. This is split into two work streams:

#### External R2I Emergency Medicine proof of concept

##### Internal R2I

A brief update of the work objectives and plans was provided to the Senior Management Team (SMT) on 12.4.23.

## External R2I Emergency Medicine Proof of Concept

The 'Recommendation to Implementation Emergency Medicine' pilot focused on emergency medicine is designed with the overarching aim of support the system to provide high quality, safe care. It aims to achieve this by developing a system Recommendation Register whereby clinical guidance and recommendations on issues relating to the emergency medicine clinical service are put in one place, prioritised and opportunity to track to make it easier to for clinicians and clinical leaders to make effective decisions. In addition, the aim is to free up time for clinical practice so that ED staff can focus on providing high-quality care. Such approach will prevent future harm to patients which may lead to a claim. The Recommendation Register will support the delivery of the four-hour standard in EDs (Emergency Department), aligning with the ambition of The Delivery plan for recovering urgent and emergency care services (2023), and the strategic aims of NHS England's Patient Safety Strategy.

The 'external Emergency Medicine' workstream has been split into two phases:

Phase 1 focuses on the implementation of NHSR (NHS Resolution) recommendations taken from its three Emergency Department (ED) thematic reviews. These recommendations will be placed into the template Recommendation Register and 10 EDs will be identified to participate in the pilot. The Pilot would not prioritise recommendations but list them, asking whether it would be a useful tool in EDs. At the end of the pilot period, the 10 EDs will be surveyed to measure whether the Recommendation Register facilitated implementation of the recommendations, whether improvements could be made to the Register and to have a stock take in terms of next steps.

Phase 2 (dependent on feedback from phase 1) will see the Register expanded into clinical recommendations relating to emergency medicine (excluding NICE guidance). A Recommendation Oversight Group will be established and will help to prioritise recommendations and agree 'consensus recommendations' where there is duplication.

The external parts of this have been developed in collaboration with the Safer Care Committee, Royal College of Emergency Medicine (RCEM). Proposals have also been well received from Royal College of Physicians, CQC (Clinical Quality Commission) National Emergency Medicine Specialty Advisor Forum and NHSE Maternity Recommendation Register Group.

## Internal R2I work

There are two parts to the internal R2I work:

NHSR recommendation tracking: S&L to use the Recommendation Register template to track all public facing recommendations in all S&L thematic reviews (there is scope to expand this to PPA Insight reports). This tracking system will be used for internal purposes to monitor the impact of our recommendations nationally, regionally, and locally. Intelligence can also be gathered from existing external stakeholder engagement meetings and horizon scanning.

Template tracker distributed to CNST (Clinical Negligence Scheme for Trusts) members: S&L Team to provide the Recommendation Register template to CNST members for Trust Board use. Trusts can use the Register to prioritise, track implementation of national recommendations and link with their risk register and organisational

### **Early Notification: 3 National and 2 Regional engagements**

The team continue to attend key meetings to share intelligence regarding potential Trusts of concern. The team are on track to complete six cases stories by the end of the financial year, the most recent case story developed and published relates to management of uterine hyper stimulation & fetal bradycardia Management of hyper-stimulation and Fetal bradycardia case story - NHS Resolution.

Further work is underway to increase engagement with the case stories, and this will be further embedded as part of the NHS Resolution maternity campaign. The ambition is to bring the case stories to life, and use videos, voiceovers/vox pops of clinical team members in Trusts to describe how they are using the clinical case stories in practice.

The principles for evaluation of the Early Notification Scheme (ENS) and Maternity Incentive Scheme (MIS) were agreed at Board on 18th January 2023. The methodology and scope are being developed, supported by the appointment of Research Fellow and Safety and Learning Lead for Implementation and Evaluation (interview date 19.4.23). The evaluation will follow both internal and external evaluation of ENS and MIS processes and impact, maintaining objectivity and academic rigor. It is anticipated that internal evaluation will precede external evaluation for ENS and MIS. A Project Initiation Document for both MIS and ENS have been developed as well as a business case and procurement strategy for external evaluation.

### **3. Maternity incentive scheme (MIS) Year four**

Year four of the scheme began on 9 August 2021 and was relaunched in May 2022 following a pause due to the Covid-19 pandemic, with an extension of the submission deadline. There was additional incorporation of detail from the Ockenden Report, as the immediate, essential actions and the focus areas outlined in report are currently incentivised as part of MIS.

In response to concerns highlighted by Trusts regarding their ability to achieve the scheme's requirements, the members of the maternity incentive scheme's Collaborative Advisory Group (CAG) have further revised the scheme's standards to support Trusts to continue to work towards improving quality and safety. A maternity update paper was presented to NHS Resolution Board on 13th September 2022 which included risk and mitigating actions. On 11th October 2022, the revised Year four guidance was published, which included strengthened technical guidance. The new conditions include the additional requirements for Trusts that the CEO of the Trust ensure that the accountable Officer (AO) for their ICB (Integrated Care Board) is appraised of the MIS safety actions' evidence, and both sign the declaration form.

An MIS Clinical Lead has successfully been appointed and commenced on 20th March.

### **Next steps**

#### **MIS Year four**

NHS Resolution teams to continue to work closely with NHS England finance team, NHS England comms. team and the Maternity Transformation Programme (MTP).

## MIS Year five

Year five CAG meeting is scheduled for 25<sup>th</sup> April 2023 with the intention of launching MIS year 5 in May 2023.

## Reverification

The MIS team is currently working with 11 Trusts which have been contacted regarding concerns about their maternity incentive scheme declaration in years 3/2/1 of MIS and for which MIS reverification is ongoing but has been delayed due to workforce pressures within the MIS team. This detail has been placed on the risk register. An approach to reverifications of declaration forms more than 2 years is being evaluated and subsequent update of standard operation procedure for reverification.

## Evaluation of MIS

The principles for evaluation of MIS were agreed at Board on 18<sup>th</sup> January 2023. The methodology and scope are being developed, supported by the appointment of Research Fellow and Safety and Learning Lead for Implementation and Evaluation. The evaluation will follow both internal and external evaluation of MIS processes and impact, maintaining objectivity and academic rigor.

## 4. Individual Trust Visits:

Increased utilisation of videoconferencing has enabled trust engagement to continue despite the operational pressure trusts continue to experience. Furthermore, this way of working has increased the opportunity to meet with groups of trusts within an Integrated Care System and exchange knowledge and experience of learning from claims as well as promoting the benefits of reviewing their individual Trust Scorecards.

### Breakdown:

- London: **13**
- South: **10**
- Midlands and East: **5**
- North: **3**
- Early Notification: **0**

## 5. Clinical Hours

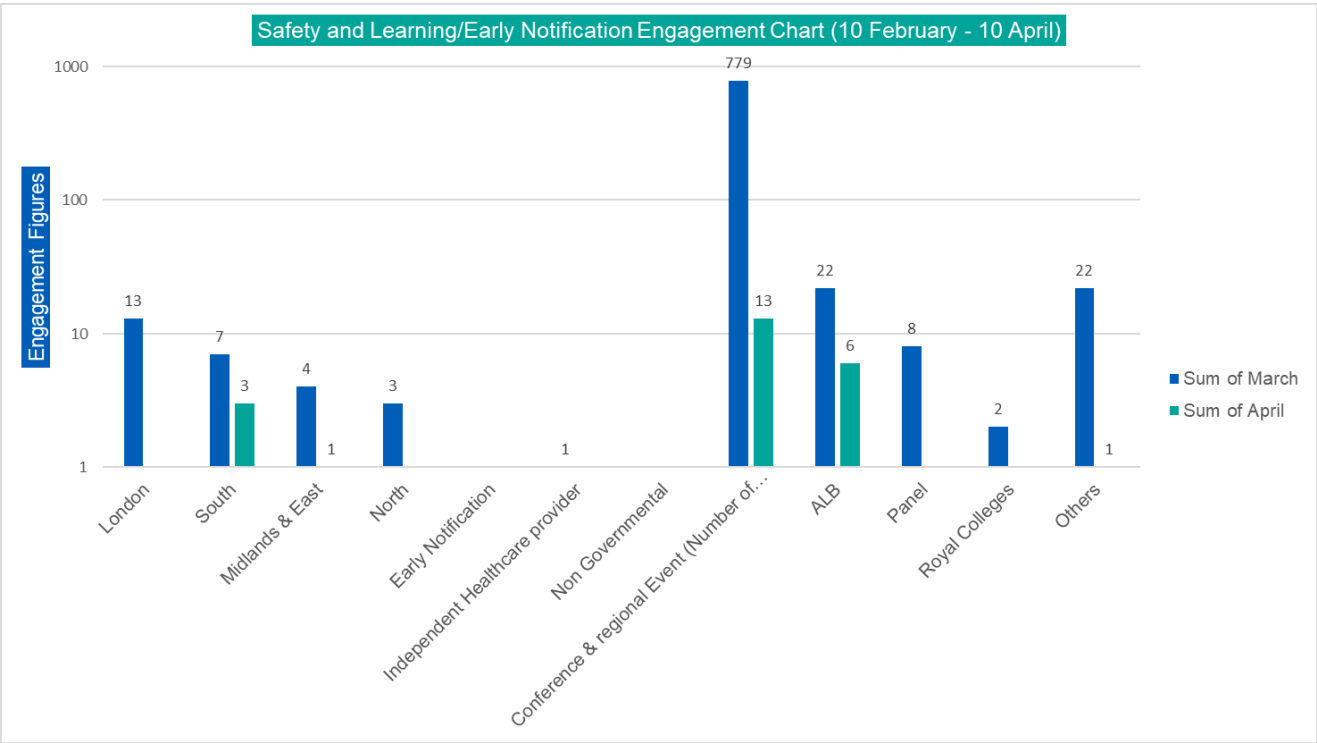
The Safety and Learning team consist of 25 expert team members, 22 of which maintain professional clinical registration across a range of allied health, nursing, midwifery, and medical disciplines. The team is divided regionally, offering specialised support to members in the North, Midlands and East, South and London region. Additionally, on account of diverse professional backgrounds, the team can provide expertise across a range of healthcare specialties including clinical, governance/quality and project management.

Fifty percent of the team currently work a minimum of one day per month within their clinical specialty to maintain patient contact, support front line clinicians and promote the work of the safety and learning team. The teams dedicated General Practice workstream is led by the Safety and Learning Lead for General Practice and a senior clinical advisor who supports the team two days per week.

The General Practice team work nationally to support members to learn from claims arising from General Practice. This provides valuable opportunities to compare themes across primary and secondary care, which the team can share and use to encourage collaboration across the whole healthcare system when implementing improvements in care.

6. Infographic:

The table on page 5 provides a summary of virtual engagements made with NHS Resolution’s Safety and Learning team with member trusts and beneficiaries. Some of the engagements include colleagues from claims, Early Notification, Practitioner Performance Advice teams or finance to support the content as requested. This data does not include telephone and email communications, response to queries and awareness of resources as this is covered in the local KPI summary. The value associated with conferences and regional events is the number of attendees engaged with. Details of each engagement are available on request.



**\*\*Data below reflects engagements since the previous Board report**



Figure 1: Safety and Learning individual trust and provider engagements from 10<sup>th</sup> February to 10<sup>th</sup> April the total number of engagements during this period is 100 However, the current operational pressures these organisations face are a limiting factor, and a few events from Trusts and providers were cancelled by members and beneficiaries due to winter pressures. For the financial year April 2022 to March 2023, Safety and Learning completed a total of **788** engagements

Engagements	March	April
London	13	0
South	7	3
Midlands and East	4	1
North	3	0
Early Notification Team	0	0
Independent health care provider	1	0
ALB (Arm's Length Bodies)	22	6
Conference & regional Events (Number of recorded attendees) *	779	13
Non-Governmental	0	0
Panel	8	0
Royal Colleges	2	0
Others	22	1

\*This number reflects the number of recorded attendees at national conferences and regional events Facilitated by the Safety and Learning team.



Members and Beneficiaries	Depicted by trust and provider number per region
Independent health care providers	Independent Members and Beneficiaries

Conferences and regional events (NHS Resolution led and ones where NHS Resolution in attendance).	<p>National events numbers where NHS Resolution has a stand or clusters of engagement with membership. It may be difficult to capture trust numbers within this format but reports on these engagements can be found separately. Therefore, trust Contacts may not be wholly accurate in this report. Attendance at these events will be captured in future and added to these figures.</p> <p>Regional events led by NHS Resolution will include trusts engaged with at the event without specifying geographical reach which is usually wide.</p> <p>Other contacts made here will include their respective groups in this table e.g., RCN (Royal College of Nursing) congress, Bristol safety conference, Elderly care conference, Best Practice</p>
Arm's length bodies and DOH	e.g., Care Quality Commission, NHS Improvement, NHS England and NHS Blood and Transplant
Non-governmental and third sector	<p>Charities, associations, and organizations</p> <p>e.g., Health Watch, AVMA, sign up to Safety, Listening place, Baby Lifeline</p>
Panel other events	Depicted by number of trusts in attendance per region. Other contacts made here will be included in their respective groups.
Royal Colleges e.g., collaborative work on guidance representing NHS Resolution at meetings	e.g., Royal College Midwives, Royal College Nursing, Royal College of General Practitioners, Royal College of Anaesthetists, Royal College of Physicians, Royal College of Radiologists, Royal College of Obstetrics and Gynaecology
Others	e.g., CCGs, Patients, families' individual experts, networks and communities Future finance group, Safer Needles Network

## Membership and Stakeholder Engagement

### Executive Summary

This paper provides an update on developments within the MSE function and across NHS Resolution to support the delivery of strategic and organisational priorities and business plan objectives through our communications and engagement. The Board are asked to note this report.

### Resolution Matters

Our latest edition of *Resolution Matters* was published on 30 March and featured the following content:

1. [Publication of our second Being fair report](#)
2. [Launch of resources on preventing needlestick injuries](#)
3. [Learning from venous thromboembolisms](#)
4. [Learning from paediatric medication errors](#)
5. [Publication of two Insights papers](#)
6. [Case of note: White \(deceased\) v. Secretary of State for Health and Social Care \(High Court, 2 December 2022 – Jeremy Hyam KC\)](#)
7. [Publication of general practice indemnity resources](#)
8. [NHS Resolution outlines its primary care offer](#)
9. [Learn more about Primary Care Appeals](#)
10. [NHS Resolution achieves Investors in People gold accreditation](#)
11. [Prof Dame Lesley Regan and Women's Day](#)
12. [Our events and training](#)

### Claims Management

Resources on our website designed to help primary care audiences understand coverage of our indemnity schemes and reporting mechanisms were promoted via the NHS England Primary Care bulletin in March.

The first panel conference of 2023 on 14 March was attended by 62 in person delegates and 63 people joining online.

### Safety and Learning

#### Being fair 2

We launched our [Being fair 2](#) report on 30 March 2023. This aims to promote the value of a person-centred workplace that is compassionate, safe and fair. It follows on from the publication of the original [Being fair](#) report in July 2019, and emphasises the further support needed for organisations to improve workplace culture within the health system and to tackle issues of incivility, bullying and harassment.

The report's key messages will be promoted as part of a wider corporate communications campaign. The campaign will draw together the report, the updated just and learning culture charter and our new *Compassionate Conversations* training programme to demonstrate our wider work to promote a just and learning culture in the NHS. We obtained supportive quotes about the report from third party organisations like the CQC, NMC and the National Guardian's Office.

## **Safety and Learning resources**

We launched three new resources at the end of March:

### Preventing needle stick injuries

We created a 2-minute animation and a separate digital resource to share the learning from needlestick claims and help organisations identify how to prevent future injuries. Both the [Did you know? Preventing needlestick animation and digital resource](#) are available from our website.

### Venous thromboembolisms

We have published a digital resource detailing how clinicians can take preventative action to improve outcomes for patients at risk of VTE. This latest [Did you know? Preventing venous thromboembolism resource](#) is available on our website.

### Paediatric medication errors

Published in the same style as previous resources in the medication error series, the latest publication highlights learning from claims in our [Did you know? Preventing paediatric medication errors resource](#).

## **eLearning for maternity**

This interactive learning module was developed to deliver the objectives of the Early Notification team and is aimed at clinicians to explore the key principles of the claims and litigation processes, applied in the context of maternity care. The launch date is May 2023.

## **Practitioner Performance Advice**

### Advice Insights papers

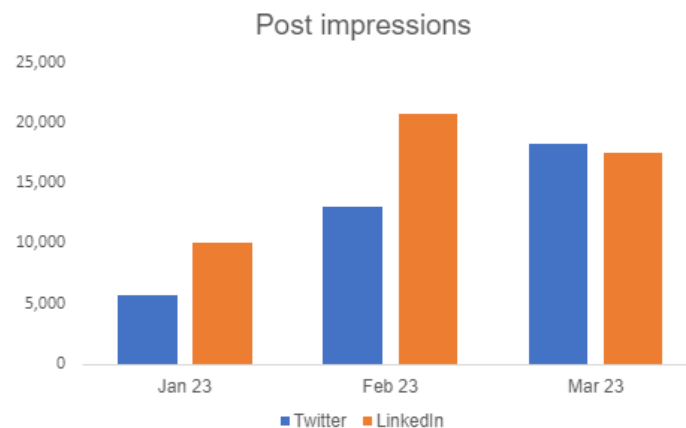
On 30 March we published the latest of the Advice Insights papers: [Supporting the management of performance concerns within primary care](#). In this Insights publication, we look at over 700 primary care advice cases, received between April 2017 to March 2022, to identify key themes and features. By sharing this information, we aim to raise awareness of how Practitioner Performance Advice can support the management and resolution of performance concerns within primary care, and to signpost to useful resources.

The Advice leadership team approved an overarching communications and engagement plan for 2023/24. A timeframe of key messages for the promotion of education services is being finalised for execution before the end of June. Following this, promotion will be agreed for case advice, assessment and remediation and evaluation/insights for the remainder of the financial year. Key statistics will be provided in the next Board paper.

### Primary Care Appeals

On 30 March we published a blog, [The role of Primary Care Appeals](#), by our Head of Appeals, Jonathan Haley. In this, Jonathan outlines the important role that the service plays in providing fair resolution of appeals and contracting disputes in primary care. Additionally, the blog signposts to key Primary Care Appeals resources.

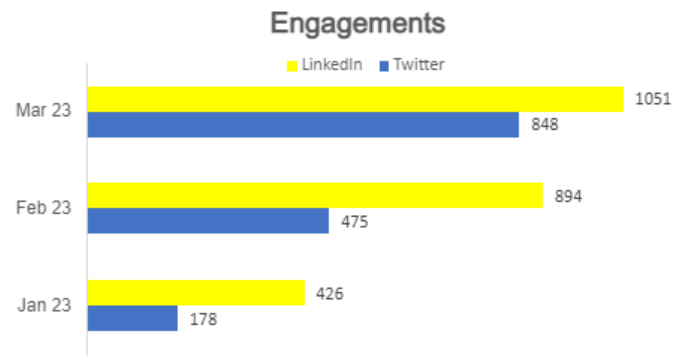
### Digital Communications



### Social media

After a relatively quiet start to the year, our social media activity picked up noticeably for the rest of the quarter, with posts generating a total of 86,000 impressions from January to March. LinkedIn continued to be stronger than Twitter, bringing in 48,500 and 37,000 impressions respectively.

Throughout this period we ran a number of campaigns, including promotion of the *Did You Know?* digital resources, the Primary Care Appeals Updates – Dental subscription service, the Advice Insights papers, the Faculty of Learning and Maternity Conference resources.

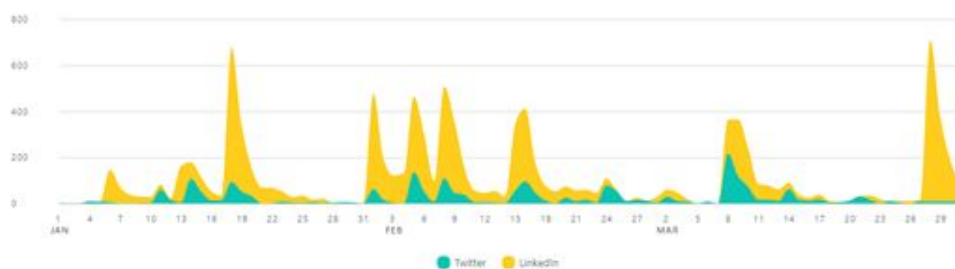


Engagements (when a user likes, clicks, reposts, comments etc.) increased steadily throughout the quarter as we continued to roll out various campaigns. LinkedIn also outperformed Twitter in terms of engagement, accounting for 61% of all interactions.

In April we launched a new social media calendar - a shared document showing our planned social media activity timetable for the months ahead.



## Video views by day



Video Views Metrics	Totals	% Change
Video Views	9,999	↑ 42.8%
Twitter Video Views	2,164	↑ 16.7%
LinkedIn Video Views	7,835	↑ 52.3%



A video interview with our Non-Executive Director Professor Dame Lesley Regan to celebrate International Woman's Day on 8 March received our highest engagement rate of all videos in this quarter, at 8.8%.



### External events and conferences

At the time of writing the board report:

Denise Chaffer is due to speak at the Current Issues in Palliative Care Conference on 27 April.

Simon Hammond is due to speak at the NHS Counter Fraud Conference on 16 May, on the topic of 'understanding alternatives to prosecution'.

NHS Resolution is due to have an exhibition stand at the RCN Congress, on 15 – 17 May. Denise Chaffer is due to speak on 16 May on the topic of 'promoting a just and learning culture'. Further information on this event will be provided in the July Board report.

### Internal communications

#### Charity fundraising

This quarter we had an overwhelming response from staff, who took time out of their day to bake and donate goods for our baking competition. We raised just over £330 for Dementia UK in our London and Leeds offices. We now have running total of £3583.02 to date.

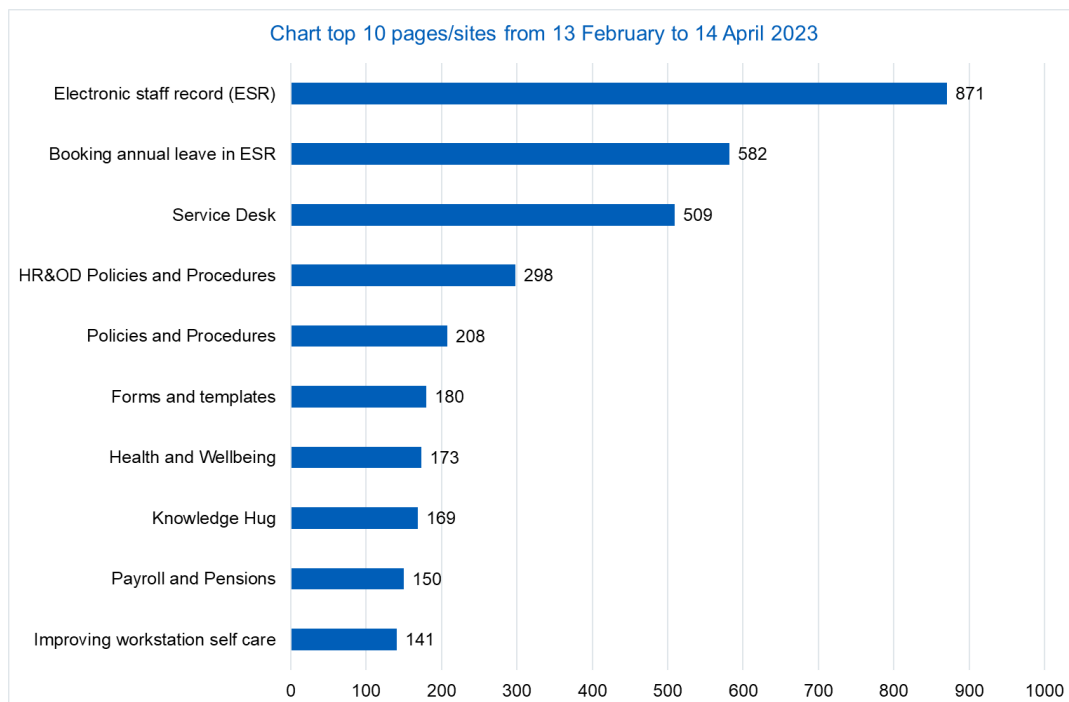
#### Staff engagement

We continue to see high attendance at our SMT monthly all-staff briefings via MS Teams LIVE with our February briefing bringing in 285 viewers and March 270.

Recently, we helped launch the hidden disabilities sunflower scheme on behalf of the Disability Network committee. The Hidden Disabilities Sunflower is a globally recognised symbol for disabilities that may not be considered visible or obvious.

### NHS Resolution Intranet - Connect

The Health and Wellbeing and HR and OD pages continue to be refreshed to expand the information and resources available to staff, including pages pertaining to the new initiative [NHS electronic staff record \(ESR\) annual leave](#), our [People Portal](#) and [pay and pensions](#).





# Board meeting – Part 1

Wednesday 24<sup>th</sup> May 2023

Agenda item:	Item 6.1
Title of paper:	Strategic Activity Overview
Responsible Director/Lead:	Chief Executive and SMT leads

## Summary of paper:

The report provides background information and the current status on the main NHS Resolution programmes.

The main programmes are:-

1. Core Systems Programme (CSP)
2. Claims Evolution Programme (CEP)

## Board action requested:

The Board is asked to **note** the report.

## Potential risks:

Our performance is detailed in public documents such as the Business Plan and our Annual Report and Accounts as well as reported on a regular basis to the Department of Health. Any failure to perform against agreed targets or to have plans in place to remedy under performance would bring into question our effectiveness in delivering the aims of our Business Plan and Our Strategy to 2025.

## Equality, diversity & inclusion:

We review all the proposed measures of performance against our standards in this area when agreeing definition of thresholds with the Department of Health and Social Care at the outset of the financial year.

## Has the patient and public interest been taken into account?

All performance measures are focused ultimately on the interests of patients and the public be that in relation to patient safety or preserving resources for NHS care.

# Part 1 performance report – strategic activity overview

Wednesday 24<sup>th</sup> May 2023

This report covers NHS Resolution’s main, strategic change programmes as of 20/04/23.

## Core Systems Programme (CSP)

### About CSP

As the biggest and most ambitious digital transformation NHS Resolution has ever undertaken, the Core Systems Programme (CSP) is the key to unlocking the power of the vast pool of data the organisation holds.

Through replacing our multiple existing Case Management Systems, with one innovative yet practical cloud-based solution, while continuing to deliver our services and support to NHS trusts, we will thoroughly modernise our ways of working, enhancing our capabilities and steering NHS Resolution securely into the future.

### The aims of CSP

Through the adoption of a single, frictionless, intelligent and time-proof solution, the CSP will transform the day-to-day experience at NHS Resolution, making a considerable difference in the work that we do to deliver improvements to NHS patients and those who care for them.

### Current status of CSP

Programme remains Amber RAG due to delays in the Claims release plan and pending further input from Advice for the post Early Adopters roll out regarding further migration and user onboarding.

## Claims Evolution Programme (CEP)

### About CEP

The Claims Evolution Programme (CEP) is a transformation programme across the claims function, which will deliver a new operating model involving a review of our people, processes and technology. The aim is to deliver a single, integrated claims function, providing the best service we can to the NHS. One of the key aims of CEP is to create an organisational structure which is supportive, avoids duplication of effort and allows our teams to develop their skills. In the fullness of time we intend to use that capacity and capability to service more work in house, in turn delivering efficiencies to our members, beneficiaries and the wider system.

Since publication of our last 5 year strategy, our position within the NHS has broadened, with the most significant change being our role in providing indemnity in primary care. This has been a significant shift and a key priority for the CEP is to ensure that our GP Indemnity schemes are fully integrated.

In addition, since we began operating in 1995 the cost of clinical negligence to the NHS has risen enormously. The NHS is also the largest employer in the country and on its behalf we handle the largest portfolio of employers' liability cases in the country. We have a responsibility to do what we can to minimise these costs and making our processes more streamlined and cost effective is an important first step. We want to understand our customers (members and beneficiaries) better so we can meet their needs and help them to learn from claims to avoid future harm occurring.

### The aims of CEP

CEP will be organised into three key phases with Phase 1 being the foundation stage working towards an interim operating model (IOM) which will be phase 2. Once we are there, we should be able to see some noticeable, practical improvements in the delivery of our service. More specifically we aim to have:

- Operational teams fully aligned with NHS regions and with each other, providing a quality and consistent service across all of our work within and across the regions, supported by central support functions;
- To ensure the expertise of our staff is used to its maximum potential and tasks completed are done so at the most appropriate level; and
- A legal panel framework which supports our new operating model, which is flexible, easy to use and drives proactivity and efficiency.

### Current status of CEP

Programme is reporting Amber RAG due to limited capacity of resources in programme management that is being addressed with recruitment. Insourcing team is now recruited to and will commence phase one of pilot in June. SMEs supporting Core Systems Programme. Benefits analysis ongoing for completed work streams in phase one.



# NHS Resolution

## Summary of the People Committee Meeting held on the 4<sup>th</sup> May 2023

<b>Members</b>	
Nigel Trout	Non-Executive Director (Chair)
Joanne Evans	Director of Finance and Corporate Planning
Simon Hammond	Director of Claims Management
Vicky Voller	Director of Advice and Appeals
<b>Attendees</b>	
Sally Cheshire	NHSR Board Chair
Helen Vernon	NSHR Chief Executive Officer
Jane Hubble	OD, Learning and Education Lead
Louise Jopling	Resourcing and HR Business Partner
Karen Stone	HR OD Business Partner
Scott Hyde	Corporate Governance Lead
<b>Apologies</b>	
Lornette Pemberton	Independent Member

**Investors in People Accreditation (IiP)** - On 27 February 2023, IiP reported that the submitted NSHR assessment had been awarded the *We invest in People Gold award* level of the IiP. The Chair and Members congratulated the staff on the work that had gone into the submission and the positive outcome. Members considered that to ensure there was a planned approach to capture the best outcomes, the HR OD team should provide a plan for the Management to review. The report was required to factor in how the organisation could best celebrate the award with staff and also utilise the status to encourage and incentivise team and staff performance. It was agreed that Board would be appraised of any plans resulting from further discussion at SMT. Ensuring HR OD staff plans were aligned to the IiP report recommendations was also requested.

**HR&OD – Workforce KPIs** - A new high level report focussing on the key HR OD KPIs was presented to Members. Exception reporting of the BAU metrics highlighted the high vacancy rate, which was primarily due to the delays within the Core System Programme (CSP) and which required a re-planning of timing of recruitment to around 100 posts for the Claims Evolution Programme (CEP); and challenges in filling technical roles, particularly in Digital, Data and Technology and some of the corporate functions. Because of the increase in demands, the Resourcing Team was currently being reshaped to provide additional expertise to support the business in sourcing candidates for hard to fill posts.

It was noted that the new KPIs represented an approach to providing data for multiple reporting, for example to ODG and People Committee, therefore cutting down on duplication of reporting. Members suggested further work be undertaken in relation to KPI 28, which focused on the percentage of staff accessing learning and development opportunities relevant to the individual and/or organisation's need. It was felt more work could be undertaken to capture staff training and development (e.g. external training) and to encourage staff reporting. The Claims Performance Framework was also referenced as a way staff could begin to tell the stories of their learning and development progress.

Members considered that the setting of culture and how far the organisation goes as a learning organisation would need further strategic discussion through SMT and the organisation would benefit from a top down plan.

**People Transformation Update** – Members questioned the performance of NHS Jobs (an applicant tracking system) in supporting the resource requirements required through the change programmes. It was recognised that there were issues with the current version of NHS Jobs and it making it difficult to recruit to the organisation's needs; this was especially relevant to specialist roles within the change programmes. It was noted that HR OD had held regular discussions with NHS Business Services Authority, who were the responsible party for the software development, but no considerable improvements are expected to be forthcoming. HR OD had recently started recruiting through 'direct sourcing' using Linked In with some success and it was considered that the access to roles required means NHS Jobs may not be the most appropriate platform to use. It was requested that management discuss with HR OD on further options for recruitment platforms and to report back to SMT on findings.

**Transformation/Change Management Office (CMO) Update** – Members considered a report on the progress of the Transformation Programme. It was understood that there had been challenges with staff absence but progress had been made with embedding the CMO as a new function to facilitate the change programmes. Members expressed the view that further work was required to establish how the CMO will work to develop systems and the continued support needed within the organisation following full life completion of change projects. Members suggested further work to ensure that the CMO works effectively across the organisation and that the CMO culture is developed to meet future business needs.

**People Strategy Update** – An update was provided on the progress to date against the five people pillars and the approach taken on delivery. Michael Humphris reported that progress had been made across each pillar, and one of the key shifts had been to potentially rebrand the function as a People function to emphasise the focus on a value-adding approach. Members requested an update on plans to improve Equality and Diversity within recruitment. Members were informed that NHSR had historically been seen as a sector lead within the ALB environment on diversity employment. Work would continue to improve the figures, especially relating to leadership, and Michael reported that part of this work was an 'Intersectionality Day' hosted by the diversity networks on the 10<sup>th</sup> May.

**Alumni Proposal** – HR OD reported that they had looked into the initial possibilities, advantages and disadvantages of utilising an alumni framework to assist the organisation. Currently the view was that the proposal would need a more formal scoping exercise to assess, resource, cost and value, which would need to be undertaken when existing priorities have been completed. Management will be informed of the results of the scoping exercise when completed.

**People Committee Annual Report to Board 22/23** – Members approved the Annual Report to Board. Additional comments were requested to reflect that Members had discussed and evaluated the work undertaken so far and that the Board should be assured that meetings had allowed time for in-depth discussion on Strategic and other People related matters and had provided robust challenge to the Senior Management Team where required.

Prepared By Scott Hyde - Corporate Governance Lead

Date: 11<sup>th</sup> May 2023

## NHSR Board May 2023

Agenda item:	Item 7.2
Title of paper:	People Committee Annual Report
Responsible Director/Lead:	Joanne Evans

### Summary of paper:

The attached report is the first People Committee Annual report to Board and provides a summary of activity from the first meeting in March 2022 to last meeting of the last Financial Year held in December 2022. The aims of the report are to provide assurance to the Board that the People Committee is meeting its objectives and are appraised of the meeting outcomes and key decisions made. Information relating to attendance of Members is included and this information is also provided within the NHS Resolution's Annual Report and Accounts.

In addition, a Self-effectiveness review of the Board and its sub-groups was recently undertaken, People Committee Members were asked to input into the review and the results will be discussed at the May Board meeting. Any outcomes relating to the People Committee are proposed for discussion at the July People Committee meeting.

### Board action requested:

To note the People Committee Annual Report to the NHSR Board.

### Potential risks:

Risk of the Board not being fully assured that the People Committee is meeting its objectives through not receiving the report.

### Equality, diversity & inclusion:

Diversity and Equality issues are part of the meeting discussions within the reporting to People Committee meetings.

### Has the patient and public interest been taken into account?

Good management of People activity should ensure delivery of value for money services for the patient and the public.

# NHS Resolution – People Committee

## Annual Report

### March 2022 – December 2022

#### 1. Introduction

The purpose of this report is to provide assurance to the NHS Resolution Board that the People Committee has carried out its obligations in accordance with its Terms of Reference.

The People Committee held its first meeting on the 3<sup>rd</sup> March 2022 and this is the first Annual Report to the NHR Board.

#### 2. Meetings of the Committee

Four meetings were held between March 2022 and December 2022. The Committee members and their attendance is listed below.

Name	Post	Meetings attended
Mike Pinkerton	Non-executive Director, Chair of the People Committee, March - December 2022	4/4
Nigel Trout*	Non-Executive Director – Appointed Chair of the People Committee December 2022	4/4
John Marsh*	Interim Independent Member	2/4
Lornette Pemberton*	Independent Advisor	2/4
Simon Hammond	Director of Claims Management	4/4
Joanne Evans	Director of Finance and Corporate Planning	4/4
Vicky Voller	Director of Advice and Appeals	4/4
Michael Humphris	Deputy Director HR/OD	

\*John Marsh was appointed as in interim Independent Advisor from March - September 2022. The Board are requested to note that John was appointed through EY consultants, and as EY are from time to time requested to undertake work on a consultancy basis for NHR, John completed a non-disclosure agreement before his role commenced.

\*Lornette Pemberton joined the committee as an Independent Advisor from September 2022.

Nigel Trout was appointed Chair of the People Committee on the 21<sup>st</sup> December

Sally Cheshire, Chair of the NHSR Board and Helen Vernon CEO attended the 20<sup>th</sup> December meeting as observers.

### 3. Role of the People Committee

The purpose of the People Committee is to provide the NHS Resolution Board with oversight and assurance that NHS Resolution's HR and OD strategy, performance and programme initiatives have received high level oversight and input at an early stage.

Members discussed the work of the People Committee following the first five meetings. The view of Members is that the Committee is pushing forward the people agenda in the right way, meetings have allowed for meaningful and in depth debate with strategic and operational input and pushing back challenges to the Senior Management Team. The Committee will continue to ensure the Board are appraised of meeting outcomes through regular reporting and will work to ensure there is a continuous feedback loop across the organisation relating to people matters.

### 4. Work of the Committee

To provide assurance to the Board that the People Committee has conducted its business in line with its purpose and Terms of Reference, a summary of key business discussed, decisions and approvals are set out in the table below. A summary report and the minutes of the meetings are also provided to the Board following each meeting.

To ensure the work of the committee is continually aligned to business needs, agenda planning meetings are held between meetings with the Chair. The Director of Finance and Corporate Planning and HR/OD leads also attend this meeting and the Workplan is updated accordingly.

Outputs and Decisions	
HR Performance reporting.	Members have considered at each meeting, an HR Performance Report. Main areas of discussion have been to consider the key KPI's relating to staff numbers, projected growth, staff budget, key updates in relation to CEP progress, recruitment timescales and discussions on any proposed DHSC restrictions and any impact from decisions made by Government.
People Strategy	Members considered an early draft of the People Strategy and made a number of suggestions to assist management with making it work more effectively. Particular focus was requested in relation to co-design with staff, linking the Strategy to the staff survey and



	<p>assessing the performance of the strategy pillars as KPI's against an agreed timeline. The Committee endorsed the Strategy for approval by Board on the 20<sup>th</sup> September 2022. Assessment against the performance of each of the 'Strategy Pillars' has been suggested as part of the work programme for the People Committee in 2023.</p>
Transformation Update	<p>An update report has been provided to the Committee at each meeting from the Chief Information Officer. This has allowed oversight and helped provide assurance to Members that management are understanding the impact on staff through the major areas of transformation programmes and they are kept up to date with the progress of the new Change Management Office. The Advice change journey has also been reported to Members. Future areas of work for the committee have been agreed to ensure there is sufficient management oversight on challenges associated with staff impact on wellbeing and morale through the change programmes and evidence of the support processes in place through the transformation period.</p>
Policies	<p>Policies delegated to the People Committee.</p> <p>Employee Resolution Policy, formerly the Dignity at Work Policy and procedure: approved at the December 2022 meeting. This was also discussed earlier in the year with feedback provided by Members to strengthen the policy.</p> <p>Organisational Change Policy and Procedures: approved at the December 2022 meeting.</p> <p>To assist with the policy approval process going forward, Members have asked to review policies for approval at an early stage.</p>
Staff Survey	<p>Members received a report following Board discussion on the staff survey in June. Members expressed the view that more work was required to ensure results were acted on, and the main proposals were for the frequent use of Pulse Surveys and that communication with staff should remain a priority work stream. Benchmarking to establish staff survey results from other ALBs was encouraged but it was noted this was difficult to ascertain due to the unique nature of NHR's work.</p>
Review of the EDI Plan	<p>Members considered that management should consider more outputs from the Plan, including 'you said we did' activity that staff can reference, SMT should ensure alignment and clear messaging</p>

	on what the organisation is doing within the ED&I space, and that staff are clear on what is trying to be achieved as well as ensuring Chairs of the Diversity Network and other groups are well supported. Members have also suggested an intersectionality target through assessing representation at managerial level.
Governance Reporting	At the September meeting an additional section for Governance Matters was added to the agenda. This has allowed the Committee to consider specific people-related risks and discuss any other HR/OD related governance matters. Key risks considered have been staff retention, cost of living and NHS jobs. Further oversight and more focus on HR OD risks that identifies risk to staff from any arising issues from change has been suggested as a future area of discussion.
2022 Gender Pay Gap (GPG) Report	The report showed an increase in the organisation's median GPG when compared to 2021 and a decrease in the mean GPG. Whilst there were not any specific risks associated with the report, Members considered that management need to continue with focusing on the mitigating actions in order to minimise the reported gap. Members have expressed the view that future reporting should focus on which teams were demonstrating an unbalanced staff demographic.
Investors in People Update	Members were provided an outline of the process and were informed there would be feedback provided following the results of the IiP questionnaire through the independent assessor. This will be reported in 2023.
Talent Management and Succession Planning Strategy	The strategy and methodology to assist all employees with an opportunity to meet their potential via structured career pathways, in line with the People Strategy was presented. Members concurred that the suggested process should be progressed but requested further in depth planning to ensure staff were brought through in the right way with realistic expectations.
Recruitment and Resourcing Report	Members received a report providing a reflection of the work undertaken within 2022, with findings presented on the main activities and outcomes. Members were informed that the plan was to ensure that the HR OD team would become a more resource focused and supportive team to the organisation who were able to advise and support managers. Recruitment would endeavour to become more candidate focused with the use of technology and managers upskilled to be able to own their own recruitment processes. Members requested that HR: look at planning to improve diversity within recruitment; provide more detail on the employee value proposition, including what this would mean for

	recruitment managers; and further consider how this could be used to really ‘sell’ our business to candidates going forward along with key timelines for changes.
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**Effectiveness Review**

An independent effectiveness review of the Board and its sub committees was undertaken in March 2023. The People Committee Chair and Members were interviewed as part of the process and the results will be provided to the Board in May 2023. Any actions specific to the People Committee will be considered for discussion at the July 2023 People Committee meeting.

**Review of Terms of Reference**

The People Committee is required to review its Terms of Reference annually, The Terms of Reference are attached at Appendix 1 for Members to review and recommend any changes.

**Scott Hyde**

**Corporate Governance Lead**

**6<sup>th</sup> April 2023**

# Board meeting

24<sup>th</sup> May 2023

Agenda item:	Item 8.1
Title of paper:	Delegation of the review and approval of policies
Responsible Director/Lead:	Joanne Evans, Director of Finance & Corporate Planning/Cat O'Sullivan Head of Corporate Governance

## Summary of paper:

The purpose of this paper is to present proposals from the Senior Management Team (SMT) on the delegation of some policies to relevant SMT sub-groups.

NHS Resolution (NHSR) has a number of policies in place which are currently delegated by the Board to the Senior Management Team (SMT) for approval. It is recognised that the current process for the review and approval of policies can at times create bottlenecks and require quite a lot of time by various groups.

The paper sets out the process that was undertaken in the consideration of policy delegation as well as the outcomes of the SMT discussions.

The table at *appendix 1* sets out the proposed delegation of policies as agreed by SMT.

## Board action requested:

Board are asked to **approve** the delegation of the review and approval of policies from SMT to relevant SMT sub-groups as set out in appendix 1.

## Potential risks:

Policies are a key first line of defence control for NHS Resolution for governance and risk. Lack of policies could result in risks to NHS Resolution's assets, namely people, finances, data and reputation.

## Equality, diversity & inclusion:

An Equality Impact Assessment (EIA) is completed for all policies.

## Has the patient and public interest been taken into account?

Policies demonstrate to the public that NHS Resolution have controls in place through our governance framework to ensure compliance with legislation and other regulatory and NHS guidance.

## Introduction

NHS Resolution (NHSR) has a number of policies in place which are currently delegated by the Board to the Senior Management Team (SMT) for approval. It is also recognised that the current process for the review and approval of policies can at times create bottlenecks and require quite a lot of time by various groups.

SMT agreed there was a potential to consider the delegation for the review and approval of policies to relevant SMT sub-groups with the aim to streamline the process and where possible, avoiding duplication of reviews.

## Process of Review for the Delegation of Policies

Following discussion with the Operational Delivery Group (ODG) and SMT, the Corporate & Information Governance team (CIGT) carried out a review of the policies and procedures delegated to the SMT for approval as set out in the overarching Process for the Approval of Policy and Procedural Documents (CG13)). These were mapped using the following agreed principles as well as the number of governance gateways currently set up in the review process:

- SMT to maintain approval to policies relating to key legislation and mandated controls due to the probable level of consequences to the organisation if there were a breach.
- SMT to consider delegation of other policies, such as those relating to operational activity or guidance, to relevant sub-groups including Information Governance Group (chair is an SMT member); Workforce Development Group (chair is an SMT member); and ODG (chair attends SMT meetings).

Specific recommendations were made to SMT, covering the following roles:

- Joint Negotiating Committee (JNC) – review HR policies and any other policies where an Equality Impact Assessment (EIA) identified a possible impact on a staff group.
- Operational Delivery Group (ODG) – review all policies for any issues relating to implementation; and review and approve operational policies and procedures (as delegated by SMT) circulating the decision to SMT for noting.
- Workforce Development Group (WDG) and Information Governance (IG) Group – review and approve relevant policies (as delegated by SMT) to ensure they meet internal controls and any changes to key legislation.
  - WDG – review and approve HR policies relating to staff establishment (i.e. recruitment, contingent labour, organisational change (where job role may change etc.) and retirement), circulating the decision to SMT for noting. For those that are delegated by Board to the People Committee for approval, WDG will make the recommendation for approval to the committee.
  - IG Group – review and approve IG policies, circulating the decision to SMT for noting.
- SMT – review and approve policies related to key legislation, mandated controls and HR related policies given such policies could have a system wide impact i.e. could affect all staff (as delegated by Board).

A paper was presented to SMT on 15 February 2023 to consider proposals for the delegation of policies.

**The key matters SMT were asked to consider when reviewing delegation were:**

- Could non adherence to the policy result in a reputational impact on NHSR?
- Could non adherence to the policy result in a significant financial impact on NHSR?
- Could no adherence to the policy result in significant harm to NHSR staff?

**Outcome of SMT Review**

A further paper was presented to SMT on 5 April 2023 where SMT endorsed the delegation of the review and approval of some policies to relevant SMT sub-groups as well as those to be retained by SMT. The table in *appendix 1* sets out the agreed approach.

**Next Steps**

The proposal for the delegation of these policies is now presented to Board for approval.

Following approval, the Corporate & Information Governance Team (CIGT) will update the overarching Process for the Approval of Policy and Procedural Documents (CG13). As part of the current review of the document, the CIGT have sought feedback from policy authors in terms of the current process for review and what improvements would they want to see to support them in the review process. The overall aim will be to have a streamlined process and where possible avoid duplication of effort by lots of groups. The documented processes will also include:

- Checklists which will provide assurance on the process for the review of policies
- Process for approval of policies which do not require any updates or amendments.
- Roles and responsibilities for policy owners, policy authors, governance groups, SMT as well as the Board and its Committees
- Guidance on implementation plans for new policies or where there has been significant changes made to a current policy

The revised document will be presented to a future Board meeting for final approval.

Tab 8.1.2 Proposed delegations table

Key	
Board/Committee approval	Board (or People Committee as delegated) retain approval
SMT approval	Senior Management Team (SMT) (as delegated) retain approval
WDG approval	Delegate approval to Workforce Development Group (WDG)
IG Group approval	Delegate approval to Information Governance (IG) Group
ODG approval	Delegate approval to Operational Delivery Group (ODG)
*Note: Joint Negotiating Committee (JNC) review HR policies prior to their approval, plus any other policies where an Equality Impact Assessment (EIA) identifies a possible impact on a staff group	

Depart.	Policy No.	Policy Name	Type (key legislation, mandated external controls, internal control)	Relevant legislation (if applicable)	JNC review*	Outcome of Review
CIGT	CG04	Risk Management Policy and Procedure	Internal Control		No*	N/A (Board approves this policy)
CIGT	CG06	Conflict of Interest Policy (including hospitality and gifts)	Internal Control		No*	N/A (Board approves this policy)
CIGT	CG08	Business Continuity Management Policy	Internal Control		No*	N/A (Board approves this policy)
CIGT	CG09	Anti-Fraud, Bribery and Corruption Policy and Procedures	Legislation	Fraud Act 2006 Bribery Act 2010	No*	N/A (Board approves this policy)
CIGT	CG10	Standing Orders	Internal Control		No*	N/A (Board approves this policy)
CIGT	CG12	Complaints Policy	Internal Control		No*	N/A (Board approves this policy)
CIGT	CG13	Process for the Approval of Policy and Procedural Documents	Internal Control		No*	N/A (Board approves this policy)
CIGT	CG14	Data Protection Policy	Legislation	The Data Protection Act 2018	No*	N/A (Board approves this policy)
CIGT	CG17	Raising Concerns (Freedom to Speak Up) Policy	Legislation	Public Interest Disclosure Act 1998	No*	N/A (Board approves this policy)
Finance	FINP02	Standing Financial Instructions	Internal Control		No*	N/A (Board approves this policy)
HR & OD	HR34	Code of Conduct Policy	Internal Control	Cabinet Office's Code of Conduct	Yes	N/A (Board approves this policy)
DDaT	ITFA03	Policy for the Management of Fire and Emergency Safety	Legislation	Management of Health and Safety at Work Regulations 1999, and the Regulatory Reform (Fire Safety) order	No*	N/A (Board approves this policy)
DDaT/HR&OD	ITFA04	Health, Safety and Wellbeing Policy	Legislation	Health and Safety at Work Act 1974	Yes	N/A (Board approves this policy)
DDaT	ITFA05	Information Security Policy	Internal Control		No*	N/A (Board approves this policy)
HR & OD	HR01	Equality, Diversity & Inclusion Policy and Procedures	Legislation	Equality Act 2010	Yes	N/A (Board has delegated approval to People Committee)
HR & OD	HR02	Employee Resolution (Grievance and Dignity at Work) Policy and Procedure	Internal Control		Yes	N/A (Board has delegated approval to People Committee)
HR & OD	HR09	Sickness Absence & Promoting Attendance Policy & Procedure	Internal Control		Yes	N/A (Board has delegated approval to People Committee)
HR & OD	HR10	Disciplinary Policy and Procedure	Internal Control		Yes	N/A (Board has delegated approval to People Committee)
HR & OD	HR11	Capability Policy and Procedure	Internal Control		Yes	N/A (Board has delegated approval to People Committee)
HR & OD	HR16	Recruitment and Selection Policy and Procedure	Internal Control		Yes	N/A (Board has delegated approval to People Committee)
HR & OD	HR24	Organisational Change Policy and Procedure (formerly Job Security and Change Management Policy)	Internal Control		Yes	N/A (Board has delegated approval to People Committee)
MSE	COMM01	Social Media Policy	Internal Control		No*	SMT agreed this should be retained by SMT as would cause the organisation major issues if misused
CIGT	CG15	Freedom of Information Policy	Legislation	Freedom of Information Act 2000	No*	SMT agreed this should be retained by SMT given the potential of reputational impact if the policy was misused
CIGT	CG16	Records Management Policy	Legislation	Public Records Act	No*	SMT to retain
CIGT	CG21	Procurement Policy	Legislation	Public Contracts Regulations 2015	No*	SMT to retain
Finance	FINP04	Travel Expenses & Reimbursement Policy	Internal Control		No*	SMT to retain
HR & OD	HR06	Special Leave Policy	Internal Control		Yes	SMT to retain
HR & OD	HR07	Performance Appraisal and Development Policy	Internal Control		Yes	SMT to retain
HR & OD	HR12	Re-location Policy and Procedure	Internal Control		Yes	SMT to retain
HR & OD	HR13	No Smoking Policy	Legislation	Smoke-free (Premises and Enforcement) Regulations 2006	Yes	SMT to retain
HR & OD	HR22	Flexible Working Policy	Legislation	The Working Time Regulations 1998 (Amended 2007), the Part-time Workers (Prevention of Less Favourable Treatment) Regulations 2000	Yes	SMT to retain
HR & OD	HR26	Annual Leave Policy and Procedure	Legislation	The Working Time Regulations 1998 (Amended 2007), the Part-time Workers (Prevention of Less Favourable Treatment) Regulations 2000	Yes	SMT to retain
HR & OD	HR29	Homeworking Policy	Internal Control		Yes	SMT to retain
TCU/ Claims	-	Surveillance Protocol	Internal Control		No*	SMT to retain
HR & OD	HR08	Induction Policy and Procedure	Internal Control		Yes	SMT recommend delegation to WDG
HR & OD	HR14	Maternity Leave Policy & Procedure	Legislation	Maternity and Parental Leave etc. Regulations 1999	Yes	SMT recommend delegation to WDG
HR & OD	HR15	Maternity Support, Parental & Adoption Leave Policy & Procedure	Legislation	Maternity and Parental Leave etc. Regulations 1999	Yes	SMT recommend delegation to WDG
HR & OD	HR18	Secondment Policy	Internal Control		Yes	SMT recommend delegation to WDG
HR & OD	HR19	Dress and Appearance Code	Internal Control		Yes	SMT recommend delegation to WDG
HR & OD	HR20	Probation Policy and Procedure	Internal Control		Yes	SMT recommend delegation to WDG
HR & OD	HR21	NHS Resolution Workforce Development Policy	Internal Control		Yes	SMT recommend delegation to WDG
HR & OD	HR27	Retirement Policy	Internal Control		Yes	SMT recommend delegation to WDG

Tab 8.1.2 Proposed delegations table

HR & OD	HR31	Work Placement Policy & Procedure	Internal Control		Yes	SMT recommend delegation to WDG
HR & OD	HR32	Agency Workers Policy & Procedures	External controls		Yes	SMT recommend delegation to WDG
DDaT	ITFA28	Policy on Acceptable use of NHS Resolution Systems	Legislation	Links to various Acts: • Data Protection Act 2018 • General Data Protection Regulations	No*	SMT recommend delegation to IG Group
CIGT	CG11	Incident Reporting Policy and Procedure	Internal Control		No*	SMT recommend this should be delegated to ODG partnered with IG Group (IG related incidents)The aim of the policy is to encourage reporting of all types of incidents, not just IG
HR & OD	HR05	Drugs and Alcohol Policy	Legislation	Links to various legislation: Misuse of Drugs Act 1971 Health and Safety at Work Act 1974	Yes	SMT recommend delegation to ODG
DDaT	ITFA14	Manual Handling <b>Procedure</b>	Internal Control	Procedure with links to ITFA04	No*	SMT recommend delegation to ODG
DDaT	ITFA16	Workstation and Display Screen Equipment (DSE) <b>Procedure</b>	Legislation	Health and Safety (Display Screen Equipment) Regulations 1992	No*	SMT recommend delegation to ODG